

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State      Zip Code

\_\_\_\_\_  
Phone Number                      Email

- Petitioner (without attorney/advocate)
- Respondent (without attorney/advocate)
- Attorney/Advocate for \_\_\_\_\_

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI  
TRIBES OF THE FLATHEAD RESERVATION, PABLO, MONTANA

<p>IN RE INTEREST OF:</p> <p>_____</p> <p>Minor Child(ren).</p> <p>UPON THE PETITION OF:</p> <p>_____</p> <p>Petitioner(s)</p> <p>AND CONCERNING:</p> <p>_____</p> <p>Respondent(s)</p>	<p>Cause No. _____</p> <p style="text-align: center;"><b>PETITION TO TERMINATE GUARDIANSHIP-MINOR</b></p>
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**NOTE:** If you need **more space** than is provided, attach additional pages and indicate the corresponding paragraph that goes with the attachment. **You must fill out the entire form.** If a section does not apply, put "N/A" (not applicable).

COMES NOW, \_\_\_\_\_, and respectfully petitions this Court for an Order Terminating Guardianship pursuant to CSKT Laws Codified, §3-2-1003. As grounds for the Petition, Petitioner states as follows:

**1. Information about Petitioner(s):**

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Petitioner is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

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Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Petitioner is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**2. Information about minor child(ren):**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primarily lives with: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Length of Residence on Flathead Reservation: \_\_\_\_\_ (Years/Months)

Dates: \_\_\_\_\_

Minor Child is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

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Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primarily lives with: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Length of Residence on Flathead Reservation: \_\_\_\_\_ (Years/Months)

Dates: \_\_\_\_\_

Minor Child is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**3. Information about each Parent of the minor child(ren):**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Deceased (attach Death Certificate)  Unknown (attach Birth Certificate)  Parental Rights Terminated (attach copy of Order)

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Respondent is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Deceased (attach Death Certificate)  Unknown (attach Birth Certificate)  Parental Rights Terminated (attach copy of Order)

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Respondent is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**4. Information about Order Appointing Guardian:**

Court: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Guardian(s) Name(s): \_\_\_\_\_

Minor child(ren)'s name(s): \_\_\_\_\_

**5. Jurisdiction.** This Court ordered a guardianship in this action and has continuing jurisdiction pursuant to CSKT Laws Codified, § 1-2-104(1).

**6. Petitioner(s) requests/request that this guardianship be terminated for the following reason(s):**

- The parent(s) can reassume parental responsibilities. (Explain circumstances.)

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- The minor was adopted on or about \_\_\_\_\_ (date).

- Certified copy of Final Decree of Adoption is attached.

- The minor is emancipated. (Explain circumstances.)

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- The death of the guardian or other circumstances creating a practical inability of the guardian to care for the minor. (Explain circumstances.)

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- Other: (Attach additional sheets, if necessary.)

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**7. Pending Court Cases.**

- No court proceeding is pending in CSKT Tribal Court or elsewhere concerning the Minor Child(ren).

- The following court proceeding(s) concern(s) the Minor Child(ren) as follows:

Name of Court	Case Number	Jurisdiction	Date of Proceeding	Type of Proceeding	Status of Proceeding

8. Each party has a continuing duty to inform the Court of any proceeding in this or any other state/tribal court that could affect the current proceeding.
9. I/We understand that the Court may review any case involving the children, Petitioner, Respondent and other parties named in this Petition that have been filed in any Court.
10. **Request for Hearing.** Petitioner(s) respectfully request that this Court set a hearing on this Petition to Terminate Guardianship pursuant to CSKT Laws Codified, §3-2-1003(b).

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form.

RESPECTFULLY SUBMITTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by:

\_\_\_\_\_  
 Signature of:  Petitioner  Respondent  
 Attorney/Advocate for \_\_\_\_\_

\_\_\_\_\_  
 Signature of:  Petitioner  Respondent  
 Attorney/Advocate for \_\_\_\_\_

**VERIFICATION AND ACKNOWLEDGMENT**

I, \_\_\_\_\_, swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Montana on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
 Clerk of Court, Notary Public or other person authorized to administer oath.

My commission expires: \_\_\_\_\_

**VERIFICATION AND ACKNOWLEDGMENT**

I, \_\_\_\_\_ swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Montana on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public or other  
person authorized to administer oath.

My commission expires: \_\_\_\_\_