

**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS  
DISTRICT OF NAY-AH-SHING**

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**IN THE COURT OF CENTRAL JURISDICTION**

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In the Matter of the Guardianship of

Case File No. \_\_\_\_\_

\_\_\_\_\_,  
Respondent.

**PETITION FOR APPOINTMENT  
OF GUARDIAN FOR ADULT**

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1.  No court proceeding is pending in the Mille Lacs Band Court of Central Jurisdiction or elsewhere concerning the Respondent.
- There is a pending proceeding in the Court of Central Jurisdiction.
- There is a pending proceeding in the following court(s).

Name of Court	State	Type of Proceeding

2. **The petitioner is:** (Check all that apply)
- A member of the Respondent's extended family
- A Mille Lacs Band of Ojibwe enrolled member
- A member of an Indian tribe. Name of tribe: \_\_\_\_\_
- A person who has relationship with the Respondent, but is not related to the Respondent

3. **This is a petition for:**
- Permanent Guardianship
- Temporary Guardianship
- Emergency Guardianship (not to exceed 30 days, unless extended by the Court)

**4. Type of guardianship sought:**

- Guardianship of the Person
- Guardianship of the Property (Conservatorship) (Respondent's funds or real estate)

**5. Information about the Petitioner:**

Petitioner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Currently residing on the Mille Lacs Band Reservation?  Yes  No

Telephone Number: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_@\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Mille Lacs Band Member?  Yes  No Enrollment Number: \_\_\_\_\_

Affiliated with another Tribe?  Yes  No Tribe: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Retired?  Yes  No Unemployed?  Yes  No

**6. Information about the Respondent:**

Respondent's Name: \_\_\_\_\_

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

Sex:  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Currently residing on the Mille Lacs Band Reservation?  Yes  No

Telephone Number: \_\_\_\_\_

Mille Lacs Band Member?  Yes  No Enrollment Number: \_\_\_\_\_

Affiliated with another Tribe?  Yes  No Tribe: \_\_\_\_\_

**7. Information about the Respondent's spouse, partner, or adult who has resided with the Respondent for more than six months in the last year:**

Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Enrolled Mille Lacs Band member?  Yes  No

Currently residing on the Mille Lacs Band Reservation?  Yes  No

Telephone Number: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_@\_\_\_\_\_

**8. Information about the Respondent's adult children and parents.**

**None.** (If none, list an adult relative that can be found with reasonable efforts, such as a brother, sister, aunt, uncle, cousin, etc.)

Relative's Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_@\_\_\_\_\_

Relative's Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_@\_\_\_\_\_

Relative's Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_@\_\_\_\_\_

9. The Mille Lacs Band Court of Central Jurisdiction has jurisdiction over this matter pursuant to 8 MLBSA §§ 101, 3201.

10.  An appointment of a Guardian has been previously made. (**Attach copy of the Order to the Petition.**)

11.  A Power of Attorney exists for the Respondent's financial or medical matters. (**Attach a copy of the Power of Attorney to the Petition.**)

Name of Person Given Power of Attorney: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**12. Information about the hospital or other institution where the Respondent is located:**

Respondent is not in the hospital or placed in another institution.

Name of Hospital/Institution: \_\_\_\_\_

Administrative Head's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**13. Information about examining physicians.**

Two qualified physicians who certify that the Respondent is incompetent and not able to take care of his or her person or property as required by 8 MLBSA § 3211(a) are:

Physician's Name: \_\_\_\_\_

Medical Office/Facility: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Medical Office/Facility: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Physicians' certificates are attached to Petition.**

**14. Reason(s) why a guardian should be appointed (describe the grounds of incompetency):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. The Respondent's assets are:**

Description of Assets (e.g. bank accounts, property)	Estimated Value
<input type="checkbox"/> <b>None</b>	
Home	\$
Other real estate	\$
Bank accounts or cash	\$
Retirement funds	\$
Investments	\$
Household goods	\$
Personal property	\$
Other (describe)	\$
<b>Total</b>	<b>\$</b>

**16. The Respondent's income is:**

Description of Income <input type="checkbox"/> None	Estimated Monthly Amount
Wages or salary	\$
Social Security or Social Security Disability benefits	\$
Retirement or pension payments	\$
Worker's Compensation benefits	\$
Unemployment Insurance benefits	\$
Mille Lacs Band per capita distributions	\$
Other income (describe)	\$
<b>Total</b>	\$

**17. Reasons why an emergency appointment should be made:**

- Compliance with the procedures of 8 MLBSA 3148(c), (d) and (e), 3149, 3155 and 3156 for the appointment of a Guardian for Respondent will likely result in substantial harm to the Respondent's health, safety, or welfare, and no other person appears to have authority and willingness to act on the Respondent's behalf.
- Respondent's needs for health, safety, or welfare are at risk because: (Describe behavior or circumstances supporting this allegation):

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**18. Acknowledgement of homestudy and guardianship report requirement:**

- By checking this box, I am acknowledging I am aware that before the guardianship can be granted that the Mille Lacs Band Family Services Department must conduct a homestudy and submit a guardianship report to the Court.

Petitioner requests the Court grant me guardianship of the above-named Respondent. I am the most suitable and best qualified person among those available, and I am willing to discharge my responsibilities in the best interest of the Respondent

Petitioner requests a date for hearing this Petition and after the hearing, issue an order appointing Petitioner as Guardian for the Respondent.

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I declare under penalty of perjury that everything I have stated in this document is true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner's Printed Name

Dated: \_\_\_\_\_

\_\_\_\_\_  
Co-Petitioner's Signature

\_\_\_\_\_  
Co-Petitioner's Printed Name

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Clerk of Court