

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

IN THE COURT OF CENTRAL JURISDICTION

In the Matter of the Guardianship of

Case File No. _____

_____,
_____,

Minor Child(ren).

**PETITION FOR APPOINTMENT
OF GUARDIAN FOR MINOR**

NOTE: If guardianship is being petitioned for more than one child and the children's parents are not the same, a separate petition for each child must be filed.

1. No court proceeding is pending in the Mille Lacs Band Court of Central Jurisdiction or elsewhere concerning the child(ren)
- 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 child(ren)'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 child(ren), but is not related to the child(ren)

3. This is a petition for:

- Temporary Guardianship. (NOTE: A temporary guardianship may be terminated if the court determines that it is in the best interest of the child(ren) to be returned to the custody of the parent, guardian, or custodian, or to change to a new guardian.)
- Permanent Guardianship. (NOTE: A permanent guardianship may only be terminated if the court determines that the guardian is unsuitable, rather than the suitability or fitness of the parent.)
- Emergency Guardianship. (NOTE: An emergency guardianship is issued if a child(ren) is in danger of imminent physical harm and an immediate need exists. An emergency guardianship may not exceed 30 days, unless extended by the court.)

4. Type of guardianship sought:

- Guardianship of the Person
- Guardianship of the Property (the child(ren)'s money or funds)

5. Information about the Petitioner(s):

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 Child: _____

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

Co-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 Child: _____

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 Child(ren):

Child's Name: _____

Date of Birth: _____ Unmarried? Yes No

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: _____

In the custody of the Mille Lacs Band through Family Services? Yes No

The following person has the primary care and custody of the child:

Custodian's Name: _____

Relationship to child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____

Date of Birth: _____ Unmarried? Yes No

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: _____

In the custody of the Mille Lacs Band through Family Services? Yes No

The following person has the primary care and custody of the child:

Custodian's Name: _____

Relationship to child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____

Date of Birth: _____ Unmarried? Yes No

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: _____

In the custody of the Mille Lacs Band through Family Services? Yes No

The following person has the primary care and custody of the child:

Custodian's Name: _____

Relationship to child: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

7. Information about the Parents:

Mother's Name: _____ Deceased Unknown

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): _____@_____

Does the mother consent to the guardianship? Yes No

Father's Name: _____ Deceased Unknown

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): _____@_____

Does the father consent to the guardianship? Yes No

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

9. Explain why a guardianship is necessary and in the best interest of the child(ren):

10. The child(ren)'s assets are:

Description of Assets (e.g. bank accounts, property) <input type="checkbox"/> None	Estimated Value
	\$
	\$
Total	\$

11. The child(ren)'s income is:

Description of Income (e.g. Social Security benefits, insurance) <input type="checkbox"/> None	Estimated Value
	\$
	\$
Total	\$

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(s) requests the Court grant me guardianship of the above-named minor child(ren). 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 child(ren).

Petitioner(s) requests a date for hearing this Petition and after the hearing, issue an order appointing Petitioner(s) as Guardian for the above-named child(ren).

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