NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS DISTRICT _____

IN THE COURT OF	CENTRAL JU	JRISDICTION
In the Matter of the Guardianship of:		Case File No.
	F	PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR CHILD(REN)
Minor Child(re	en).	
NOTE: If guardianship is being petitioned are not the same, a separate petition		n one child and the children's parents child must be filed.
 □ No court proceeding is pending in the elsewhere concerning the child(ren)'s of the concerning the child(ren)'s of the concerning the child proceeding in the arises from an active Child Protection given to all parties involved in the Chill there is a pending proceeding in the formula. 	care and cus Court of Ce case, notice d Protection	tody. entral Jurisdiction. (If this guardianship e of the filing of this Petition must be case.)
Name of Court	State	Type of Proceeding
child(ren) is:	-	e relationship of the petitioner to the
☐ A prospective guardian		
☐ A person with an interest in the child(r	en).	

	\Box The child her/himself if the child is fourteen (14 years of age older).
3.	This is a petition for:
	☐ General Guardianship. (This guardianship provides for custody of the child(ren) until the child(ren) reach eighteen (18) years old, but does not terminate parental rights.)
	☐ Emergency Guardianship. (This guardianship is effective for no longer than 180 days.) List what specific authority or powers regarding the minor child(ren) the petitioner(s) requests the Court to order:
	A
	B
	C
	D
4	Information about the Detition of the
4.	Information about the Petitioner(s): Petitioner's Name:
	Street Address:
	City: State: Zip Code:
	Currently residing on the Mille Lacs Band Reservation? \Box Yes \Box No
	Telephone Number:
	Email Address (if any):@
	Relationship to Child(ren):
	Mille Lacs Band Member? ☐ Yes ☐ No Enrollment Number:
	Affiliated with another Tribe? ☐ Yes ☐ No Tribe:
	Occupation: Unemployed? Yes No
	Place of Employment: Retired? ☐ Yes ☐ No

	Co-Petitioner's Name:				
	Street Address:				
	City:	State:	Zip Cod	e:	
	Currently residing on the	Mille Lacs Band F	Reservation?	☐ Yes	□ No
	Telephone Number:				
	Email Address (if any):		@		
	Relationship to Child(ren)):			
	Mille Lacs Band Member?	?□ Yes □ No	Enrollment N	lumber:	
	Affiliated with another Tr	ibe? □ Yes □	No Tribe:		
	Occupation:		Unemploy	yed? □ Y	′es □ No
	Place of Employment:		Retir	red? 🗆 Y	∕es □ No
5.	Information about the	Child(ren):			
	(A) Child's Name:				
	Date of Birth:	Unmarrie	ed? □ Yes [□ No	
	Street Address:				
	City:	State:	Zip Cod	e:	
	Currently residing on the	Mille Lacs Band F	Reservation?	☐ Yes	□ No
	Telephone Number:				
	Mille Lacs Band Member?	?□ Yes □ No	Enrollment N	Number: _	
	Affiliated with another Tr	ibe? □ Yes □	No Tribe:		
	In the custody of the Mill	e Lacs Band throu	ugh Family Serv	vices? □	Yes □ No
	☐ The following person	has the primary o	care and custoc	dy of the c	hild:
	Custodian's Name:			-	
	Street Address:				
	City:				

(B) 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:			
Affiliated with another Tribe? Yes No Tribe:			
In the custody of the Mille Lacs Band through Family Services? \Box Yes \Box No			
\square The following person has the primary care and custody of the child:			
Custodian's Name:			
Custodian's Name: Relationship to child:			
Street Address:			
City: State: Zip Code:			
(C) Child's Name:			
Date of Birth: Unmarried? ☐ Yes ☐ No			
Street Address:			
City: State: Zip Code:			
Currently residing on the Mille Lacs Band Reservation? \Box Yes \Box 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? \Box Yes \Box No			
\Box The following person has the primary care and custody of the child:			
Custodian's Name: Relationship to child:			

	Street Address:		
	City:	State:	Zip Code:
6.	Information about th	e Parents:	
	Mother's Name:		🗆 Deceased 🗀 Unknown
	Street Address:		
	City:	State:	Zip Code:
	Enrolled Mille Lacs Ban	d member? Yes	⊠ No
	Currently residing on the	ne Mille Lacs Band Rese	rvation? 🗆 Yes 🗆 No
	Telephone Number: _		
	Email Address (if any):		@
	Does the mother conse	ent to the guardianship?	☐ Yes ☐ No
	Father's Name:		□ Deceased □ Unknown
	Street Address:		
	City:	State:	Zip Code:
	Enrolled Mille Lacs Ban	d member? ☐ Yes	□ No
	Currently residing on the	ne Mille Lacs Band Rese	rvation? 🗆 Yes 🗆 No
	Telephone Number: _		
	Email Address (if any):		@
	Does the father conser	nt to the guardianship?	☐ Yes ☐ No
7.	Jurisdiction.		
	The Mille Lacs Band Co 8 MLBSA § 3201 et seq		n has jurisdiction over this matter pursuant to
8.	Basis for Guardianshi	р.	
	Explain why a guardian	ship is necessary and in	the best interest of the child(ren):

☐ It is necessary to appoint, through an <i>ex parte</i> motion, an Emerge the child(ren) until a hearing can be held on this petition because it rable injury, loss, or damage will result to the child(ren) before the guardian or custodian can be heard in opposition. State the reasons and what efforts were made to notify the parent(s), guardian and/or of this petition:	mmediate and irrepa- he child(ren)'s parent, s for the <i>ex parte</i> relief
I wish to serve as the child(ren)'s guardian for the following reason(s):	

9. Child(ren)'s Assets and Income.

The child(ren)'s assets are:

Description of Assets (e.g. bank accounts, property)	Estimated
□ None	Value
	\$

	\$
Total	\$
The child(ren)'s income is:	Estimated
Description of Income (e.g. Social Security benefits, insurance) ☐ None	Value
	\$
	\$
Total	\$
Requirements for Consideration as Potential Guardian.	
As the petitioner for guardianship, I declare that:	
☐ I am willing to submit to a finger-print criminal background check. I und there is an active child protection case involving the child(ren) or I am may require me to pay a background check fee to the Mille Lacs Ba Department.	indigent, the Court
\square I am willing submit to a urinalysis.	
\square I am willing to undergo a homestudy conducted by the Mille Lacs Bar Department.	and Family Services
☐ If I have a diagnosed mental illness which may impair my ability to care duties, I will execute the necessary releases of information so that the that the child(ren)'s best interest is protected. ☐ I do not have a illness.	e Court may ensure
☐ If I have a history of chemical dependency, I will submit to assessmen attendance at recovery meetings, and/or provide the testimony of reliance members attesting to my sobriety. ☐ I do not have a history of chemical dependency, I will submit to assessment attendance at recovery meetings, and/or provide the testimony of reliance members attesting to my sobriety. ☐ I do not have a history of chemical dependency, I will submit to assessment attendance at recovery meetings, and/or provide the testimony of reliance members attesting to my sobriety. ☐ I do not have a history of chemical dependency, I will submit to assessment attendance at recovery meetings, and/or provide the testimony of reliance members attesting to my sobriety. ☐ I do not have a history of chemical dependency, I will submit to assessment attendance at recovery meetings, and/or provide the testimony of reliance members attesting to my sobriety. ☐ I do not have a history of chemical dependency in the control of the testimony of the notation at the control of the notation at the control of the notation at the	able Mille Lacs Band
\square I have <u>not</u> declared bankruptcy during the five (5) years preceding th	e filing of this peti-

tion.

	I have <u>no</u> conflict of interest that would preclude or substantially impact my ability to act in the child(ren)'s best interest.
11. F	Reporting requirements.
	By checking this box, I am acknowledge that if I am appointed as the child(ren)'s guardian, I am required to provide an inventory and appraisal (if required by the Court) of the child(ren)'s belongings and estate within forty-five (45) days after my appointment.
[By checking this box, I am acknowledge that if I am appointed as the child(ren)'s General Guardian, I am required to file an Annual Report on or about the anniversary of the guardianship or at such time is ordered by the Court. (An Emergency Guardian is not required to file an Annual Report.)
12. P	roposed Successor Guardian(s)
	he following person(s) are proposed to be successor guardian(s) to serve in the event the etitioner cannot carry out the duties of guardian:
Α	N
В	·
	Potential successor guardians must be willing to submit to a background check at the me this petition is filed and are subject to the same eligibility factors found at 8 MLBS § 208 and are subject to the placement preferences set out at 8 MLBS § 3165.
=	

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). As required by 8 MLBS § 3213, I certify that if I am appointed as the minor child(ren)'s guardian, I will encourage and arrange for the child(ren) to maintain cultural ties with the Mille Lacs Band, to be informed of Band traditions and customs, to attend powwows and ceremonies, and to have the opportunity to learn the native language.

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).

Dated:	
	Petitioner's Signature
	Petitioner's Printed Name
Subscribed and sworn before me on this	day, 20
	Clerk of Court
Dated:	Co-Petitioner's Signature
	Co-Petitioner's Printed Name
Subscribed and sworn before me on this	day, 20
	 Clerk of Court