Chemehuevi Indian Tribe – Tribal Court

P.O. Box 1930, Havasu Lake, CA 92363 1990 Palo Verde Drive, Havasu Lake, CA 92363 Phone: (760) 858-4219 ext. 30 Fax: (760) 858-5400

Guardianship of		Case No.	W.
	ΓΙΑL GUARDIANSHII lopted by General Orde		<u>r</u>
NOTICE TO GUARDIAN (date). child for whom you are the g (Guardianships) requires gua Chemehuevi Indian Tribe— confidential and shall only b proceedings or their attorney limitation of the report exclu-	You must complete a seguardian. Section 19.02.2 ardians to annually submirribal Court. The report are made available to persons. The Clerk of the Court.	eparate copy of this for 260 of Ordinance No. it the following report authorized by this sectors who have been set to shall implement process.	orm for each 05-07-30-B to the tion is rved in the
1. Guardian(s)			
_	lress, and phone number	_	
<u>Guardia</u>	<u>n 1</u>	<u>Guardian 2</u>	
Name Address			
Phone no.			
•	significant health problen as a guardian in the next		•
c. Since your appoin you, or has any ad	tment as guardian or you ult living in the home whor convicted of any felor	nere the child is living	, been arrested

2.	<u>Cl</u>	Child Under Guardianship						
	a.	Child's name: Date of birth:						
	b.	Does this child currently live in your home? (If not, state when and						
		why the child left and the complete name, relationship to child, address, and						
		telephone number of the person the child is living with on an attached sheet.)						
3.	<u>Cl</u>	nild's Education						
	a.	Name and address of child's school:						
	b.	. Child's grade:						
	c.	Describe the child's progress in school including grades, attendance, behavior						
		problems, if any, tutoring programs, etc.:						
4.	<u>C</u>	aild's Physical and Emotional Health						
	a.	Is the child having any current medical or dental problems? (If yes,						
		explain on an attached sheet.)						
	b.	Is the child having any emotional or behavioral problems that cause you						
		concern? (If yes, explain on an attached sheet.)						
	c.	Has the child experienced any traumatic event, major disruption, or significant						
		change during the past year, such as the death of a parent, abuse, or a major						
		illness? (If yes, explain on an attached sheet.)						

5. Other Persons in the Child's Home

a. List each person now living in the child's home:

Name	Age	Relationship to child
List name of each person	named above who mov	ed into the child's home after
•		· ·
the guardianship was esta	ionsnea.	

6. Child's Natural Parents

1 .	Name,	address,	, and p	hone 1	number	of the	child'	's mothe	er and	father:
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		Mother	<u>Father</u>			
Na	<u>ame</u>					
<u>A</u>	<u>ldress</u>	,				
<u>Ph</u>	one no.					
b.	Does the	child's mother visit with the child?	(If yes, explain on an			
	attached sheet how often the mother visits, how long the visits last, and					
	whether th	here are any problems during the v	isits.)			
c.	Does the	child's father visit with the child?	(If yes, explain on an			

attached sheet how often the father visits, how long the visits last, and whether

there are any problems during the visits.)

7.	Need for Guardianship						
	Is the guardianship still needed? Why or why not?						
8.	Continuation as Guardian(s)						
	Are you still able to continue your duties and obligations as the child's guardian? (If you are not able to continue as a guardian, state your reasons on an attached sheet. If you cannot continue as guardian, you must petition the court to relieve you of your duties.)						
	Teneve you of your duties.)						
	I affirm that the statements set forth above are accurate and complete to the best of my knowledge.						
	Dated:						
	(Print name) (Print name)						
	(Signature of Guardian) (Signature of Guardian)						