

**In the Trial Court of the
Sac & Fox Tribe of the Mississippi in Iowa
Tribal Court**

Meskwaki Indian Settlement
307 Meskwaki Rd, Tama, IA 52339



In the Interests of:

D/O/B:

A Minor.

▲ COURT USE ONLY ▲

Case Number:

GUARDIANSHIP (MINOR) - CHILD INFORMATION ATTACHMENT

Fill out a separate copy of this form for each child for whom you want the court to appoint a guardian.

NOW COMES _____ (name), who on oath states:

The Petition asks for the appointment of a guardian of this child's (specify): person estate person and estate

1. Tell the Court about this Child

a. Child's full legal name: _____ Date of birth: _____
First Middle Last Month/Day/Year

b. Child's current address: _____

c. Is this child a member of, or eligible for membership in, an Indian tribe recognized by the federal government? No Not Sure Yes, (specify tribe) _____

d. Is this child a descendent of an Indian tribe or tribes recognized by the federal government?
 No Not Sure Yes, (specify tribe/s) _____

e. Child's Clan, if applicable: _____

f. Child's Indian Name, if applicable: _____

g. Is this child married? Yes No Never Married
 If you checked "No," was this child formerly married but the marriage was dissolved or ended in divorce? Yes No

h. Is this child receiving public assistance? Yes No Unknown
 If you checked "Yes," fill out below.

Type of Aid	Monthly Benefit	Type of Aid	Monthly Benefit
<input type="checkbox"/> TANF (Temp. Asst. for Needy Families)	\$ _____	_____	\$ _____
<input type="checkbox"/> Social Security	\$ _____	_____	\$ _____
<input type="checkbox"/> Dept. of Veterans Affairs Benefits	\$ _____	_____	\$ _____

i. Name and address of the person or persons with **LEGAL** custody of this child, presently:

1. Tell the Court about this Child (continued)

j. If the child does not live with the person/s with legal custody, list the name and address of the person this child lives with (has care of the child):

k. Describe any court actions this child has been subject to (adoption, juvenile/child welfare court, marriage dissolution/divorce, domestic relations, custody):

Type of Case	Court Name	Case Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

- l. The Child's birth certificate is Attached Unavailable
- m. Biological birth father is named on birth certificate Yes No Unknown
- n. Biological birth father has acknowledged parentage Yes No Unknown
- o. There has been a judicial declaration of parentage Yes No Unknown
- p. Other alleged father/s (name each and last known location):

- q. A copy of the tribal membership card is Attached Unavailable
- r. A copy of Certificate/s of Degree of Indian Blood is Attached Unavailable
- s. Has the child ever attended an Indian School? Yes No Unknown
 If so, name Indian School: _____
 Location: _____

t. Name of School child presently attends: _____

u. Has the child ever received medical treatment at an Indian Health Service clinic Or U.S. Public Health Service hospital? Yes No Unknown

v. Does the child now or has the child ever lived on federal trust land, a reservation Or Rancheria, or an allotment? Yes No Unknown

w. Known siblings of child:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

2. Tell the Court about the Biological Information on Child



A. Child's Biological Mother Living Deceased If deceased, date of death: _____

Name: _____

(Include maiden, married, and former names or aliases)

Current Address: _____

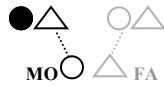
Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____



B. Child's Maternal Grandmother Living Deceased If deceased, date of death: _____

Name: _____

(Include maiden, married, and former names or aliases)

Current Address: _____

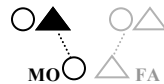
Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____



C. Child's Maternal Grandfather Living Deceased If deceased, date of death: _____

Name: _____

(Include former names or aliases)

Current Address: _____

Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____

2. Tell the Court about the Biological Information on Child (continued)



D. **Child's Biological Father** Living Deceased If deceased, date of death: _____

Name: _____
(Include former names or aliases)

Current Address: _____

Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____



E. **Child's Paternal Grandmother** Living Deceased If deceased, date of death: _____

Name: _____
(Include maiden, married, and former names or aliases)

Current Address: _____

Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____



F. **Child's Paternal Grandfather** Living Deceased If deceased, date of death: _____

Name: _____
(Include former names or aliases)

Current Address: _____

Former Address: _____

Birth date and Place: _____

Tribe or Band, and location: _____

Tribal membership number: _____ Clan: _____

Additional Information: _____

2. Biological information about Child (continued)

G. Biological Mother's Known Siblings or Other Family Members

Names/Relationships: _____

(Include maiden, married,
and former names or aliases)

Additional Information: _____

I. Biological Father's Known Siblings or Other Family Members

Names/Relationships: _____

(Include maiden, married,
and former names or aliases)

Additional Information: _____

VERIFICATION

Signed this _____ day of _____, 20____

Petitioner(s) by signing below declares under penalty of perjury and verifies that he or she believes that the statements herein are true and accurate to the best of his or her knowledge and belief.

Signature of Petitioner, In Front of Notary

Subscribed and sworn to before me this
____ day of _____, 20____

Notary Public
State of _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Signature of 2nd Petitioner, In Front of Notary

Subscribed and sworn to before me this
____ day of _____, 20____

Notary Public
State of _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____