

**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:

An Adult.

▲ COURT USE ONLY ▲

Case Number:

**GUARDIANSHIP/CONSERVATORSHIP (ADULT) - INFORMATION ATTACHMENT**

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

**NOW COMES** \_\_\_\_\_ (name/s), who on oath states:

A Petition asks for the appointment of a guardian of this person's (specify):  person  finances/property/estate  
 person AND finances/property/estate

**1. TELL THE COURT ABOUT THIS PERSON**

a. Person's full legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
*First Middle Last Month/Day/Year*

b. Person's current address: \_\_\_\_\_  
\_\_\_\_\_

c. Is this person 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 person a descendent of an Indian tribe or tribes recognized by the federal government?  
 No  Not Sure  Yes, (specify tribe/s) \_\_\_\_\_

e. Clan, if applicable: \_\_\_\_\_

f. Indian Name, if applicable: \_\_\_\_\_

g. Is this person married?  Yes (spouse) \_\_\_\_\_  No  Never Married  
If you checked "No," was this person formerly married but marriage was dissolved or ended in divorce?  Yes  No

h. Is this person 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	\$ _____	_____	\$ _____
<input type="checkbox"/> Tribal Assistance	\$ _____	_____	\$ _____

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

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

**1. TELL THE COURT ABOUT THIS PERSON** *(continued)*

j. If the person does not live with the person/s with legal custody, list the name and address of the person who provides cares for him/her :

\_\_\_\_\_

\_\_\_\_\_

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

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

- l. The Person'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 person ever attended an Indian School?  Yes  No  Unknown  
 If so, name Indian School: \_\_\_\_\_  
 Location: \_\_\_\_\_
- t. Has this person ever been a member of the Military?  Yes  No  Unknown  
 Branch/Conflict/Years of Service: \_\_\_\_\_
- u. Has the person ever received medical treatment at an Indian Health Service clinic Or U.S. Public Health Service hospital?  Yes  No  Unknown
- v. Does the person now or has the child ever lived on federal trust land, a reservation Or Rancheria, or an allotment?  Yes  No  Unknown
- w. Does this person receive any Indian Trust payments?  Yes  No  Unknown
- x. Is this person a party in any legal actions or lawsuits? If so, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. TELL THE COURT ABOUT THE RELATIVES OF PERSON**

**A. Mother - 1**  Living  Deceased If deceased, date of death: \_\_\_\_\_  
Name: \_\_\_\_\_  
*(Include maiden, married, and former names or aliases)*

Biological Mother  Legal Adoptive Mother  Other Mother *(describe)* \_\_\_\_\_

Current Address: \_\_\_\_\_  
Former Address: \_\_\_\_\_  
Birth date and Place: \_\_\_\_\_  
Tribe or Band, and location: \_\_\_\_\_  
Clan: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**Mother - 2**  Living  Deceased If deceased, date of death: \_\_\_\_\_  
Name: \_\_\_\_\_  
*(Include maiden, married, and former names or aliases)*

Biological Mother  Legal Adoptive Mother  Other Mother *(describe)* \_\_\_\_\_

Current Address: \_\_\_\_\_  
Former Address: \_\_\_\_\_  
Birth date and Place: \_\_\_\_\_  
Tribe or Band, and location: \_\_\_\_\_  
Clan: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**B. Siblings of Mother/s**

1. Name: \_\_\_\_\_  Living  Deceased  
*(Include former names or aliases)*

Tribe or Band, and location: \_\_\_\_\_

2. Name: \_\_\_\_\_  Living  Deceased  
*(Include former names or aliases)*

Tribe or Band, and location: \_\_\_\_\_

3. Name: \_\_\_\_\_  Living  Deceased  
*(Include former names or aliases)*

Tribe or Band, and location: \_\_\_\_\_

4. Name: \_\_\_\_\_  Living  Deceased  
*(Include former names or aliases)*

Tribe or Band, and location: \_\_\_\_\_

5. Name: \_\_\_\_\_  Living  Deceased  
*(Include former names or aliases)*

Tribe or Band, and location: \_\_\_\_\_

2. (continued) **RELATIVES OF PERSON**

C. **Father - 1**  Living  Deceased If deceased, date of death: \_\_\_\_\_

Name: \_\_\_\_\_  
(Include former names or aliases)

Biological Father  Legal Adoptive Father  Other Father (describe) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Former Address: \_\_\_\_\_  
Birth date and Place: \_\_\_\_\_  
Tribe or Band, and location: \_\_\_\_\_  
Clan: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

**Father - 2**  Living  Deceased If deceased, date of death: \_\_\_\_\_

Name: \_\_\_\_\_  
(Include former names or aliases)

Biological Father  Legal Adoptive Father  Other Father (describe) \_\_\_\_\_

Current Address: \_\_\_\_\_  
Former Address: \_\_\_\_\_  
Birth date and Place: \_\_\_\_\_  
Tribe or Band, and location: \_\_\_\_\_  
Clan: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

D. **Siblings of Father/s**

1. Name: \_\_\_\_\_  Living  Deceased  
(Include former names or aliases)

Tribe or Band, and location: \_\_\_\_\_

2. Name: \_\_\_\_\_  Living  Deceased  
(Include former names or aliases)

Tribe or Band, and location: \_\_\_\_\_

3. Name: \_\_\_\_\_  Living  Deceased  
(Include former names or aliases)

Tribe or Band, and location: \_\_\_\_\_

4. Name: \_\_\_\_\_  Living  Deceased  
(Include former names or aliases)

Tribe or Band, and location: \_\_\_\_\_

5. Name: \_\_\_\_\_  Living  Deceased  
(Include former names or aliases)

Tribe or Band, and location: \_\_\_\_\_

2. (continued) RELATIVES OF PERSON

E. **SIBLINGS OR CHILDREN of Person:** (include maiden, married, and former names/aliases)

- 1. Name/Relationship: \_\_\_\_\_  
Additional Information: \_\_\_\_\_
- 2. Name/Relationship: \_\_\_\_\_  
Additional Information: \_\_\_\_\_
- 3. Name/Relationship: \_\_\_\_\_  
Additional Information: \_\_\_\_\_
- 4. Name/Relationship: \_\_\_\_\_  
Additional Information: \_\_\_\_\_
- 5. Name/Relationship: \_\_\_\_\_  
Additional Information: \_\_\_\_\_
- 6. Name/Relationship: \_\_\_\_\_  
Additional Information: \_\_\_\_\_
- 7. Name/Relationship: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

F. **Other (living) Family Members involved/should be involved in this case:**

- 1. Name/Relationship: \_\_\_\_\_
- 2. Name/Relationship: \_\_\_\_\_
- 3. Name/Relationship: \_\_\_\_\_
- 4. Name/Relationship: \_\_\_\_\_
- 5. Name/Relationship: \_\_\_\_\_

**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*

Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

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

\_\_\_\_\_  
*Notary Public*  
State of \_\_\_\_\_

\_\_\_\_\_  
*Signature of 2nd Petitioner, In Front of Notary*

Printed Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

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

\_\_\_\_\_  
*Notary Public*  
State of \_\_\_\_\_