

Form 6-1902: Information Attachment- Minor Child

IN THE TRIAL COURT OF THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA

In the Interests of: _____, DOB: _____ An Minor Child	Case No. _____ Information Attachment- Minor Child
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COMES NOW, _____, who on oath states the following:

1. Protected Party Information

A. Full legal name: _____

B. Date of Birth: ____ / ____ / ____

C. Current Address: _____
Address City State Zip Code

D. Is this child a member of, or eligible for membership in an Indian tribe recognized by the Federal Government?

- Yes Name of Tribe(s): _____
- No
- I'm not sure

E. Is this child a descendant of an Indian tribe or Tribes recognized by the Federal Government?

- Yes Name of Tribe(s): _____
- No
- I'm not sure

F. Clan (*if applicable*): _____

G. Indian Name (*if applicable*): _____

H. Marital Status:

- Married Name of Spouse: _____
- Single
- Divorced

I. Is this child receiving public assistance? Yes No I'm not sure

If yes, please fill out the chart on the following page

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Type of Aid	Monthly Benefit
<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	\$ _____
<input type="checkbox"/> Social Security	\$ _____
<input type="checkbox"/> Department of Veteran Affairs	\$ _____
<input type="checkbox"/> Tribal Assistance	\$ _____
<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Other	\$ _____

J. Name and address of any person or persons with **LEGAL** custody of the child:

Name *Address* *City* *State* *Zip Code*

Name *Address* *City* *State* *Zip Code*

K. If the child does not live with the person(s) with legal custody, list the name and address of the person who provides care for them:

Name *Address* *City* *State* *Zip Code*

Name *Address* *City* *State* *Zip Code*

L. Describe any court actions this child has been subject to:

Examples: Adoption, Juvenile/Child Welfare Court, Marriage, Dissolution/Divorce, Domestic Relations, Custody

Type of Case *Name of Court* *Case Number*

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M. Child's Birth Certificate is attached:

Yes

No

N. Is the biological father named on the Birth Certificate?

Yes

No

Unknown

O. Has the biological father acknowledged parentage?

Yes

No

Unknown

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P. Has there been a judicial declaration of parentage?

- Yes
- No
- Unknown

Q. If father is unknown, are there any alleged fathers?

If yes, please provide name and their last known location

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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R. Child's Tribal Membership card is attached:

- Yes
- No

S. Child's Certificate(s) of Degree of Indian Blood is attached:

- Yes
- No

T. Has the child ever attended a Tribal School?

- Yes Name and Location: _____
- No
- Unknown

U. Name of School child currently attends: _____

V. Has the child ever received medical treatment at a Native Health Service Clinic or U.S. Public Health Service Hospital?

- Yes
- No
- Unknown

W. Does the child now or have they ever lived on Federal Trust land, a reservation, Rancheria, or an allotment?

- Yes
- No
- Unknown

X. Known siblings of the child:

2. Child's Biological Mother

- Living
- Deceased *If deceased, please provide date of death:* _____

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

Current Address: _____
Address City State Zip Code

Former Address: _____
Address City State Zip Code

Birth Date and Place: _____

Tribe or Band, and location: _____

Clan: _____

Additional Information: _____

3. Child's Maternal Grandmother

- Living
- Deceased *If deceased, please provide date of death:* _____

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

Current Address: _____
Address City State Zip Code

Former Address: _____
Address City State Zip Code

Birth Date and Place: _____

Tribe or Band, and location: _____

Clan: _____

Additional Information: _____

4. Child's Maternal Grandfather

- Living
- Deceased *If deceased, please provide date of death:* _____

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

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Current Address: _____
Address City State Zip Code

Former Address: _____
Address City State Zip Code

Birth Date and Place: _____

Tribe or Band, and location: _____

Clan: _____

Additional Information: _____

5. Child's Biological Father

- Living
- Deceased *If deceased, please provide date of death: _____*

Name: _____
(Include former names or aliases)

Current Address: _____
Address City State Zip Code

Former Address: _____
Address City State Zip Code

Birth Date and Place: _____

Tribe or Band, and location: _____

Clan: _____

Additional Information: _____

6. Child's Paternal Grandmother

- Living
- Deceased *If deceased, please provide date of death: _____*

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

Current Address: _____
Address City State Zip Code

Former Address: _____
Address City State Zip Code

Birth Date and Place: _____

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Tribe or Band, and location: _____

Clan: _____

Additional Information: _____

7. Child's Paternal Grandfather

Living

Deceased *If deceased, please provide date of death: _____*

Name: _____
(Include former names or aliases)

Current Address: _____
Address City State Zip Code

Former Address: _____
Address City State Zip Code

Birth Date and Place: _____

Tribe or Band, and location: _____

Clan: _____

Additional Information: _____

8. Biological Mother's Known Siblings

A. Name: _____
(Include former names or aliases)

Living

Deceased

Tribe or Band, and location: _____

B. Name: _____
(Include former names or aliases)

Living

Deceased

Tribe or Band, and location: _____

C. Name: _____
(Include former names or aliases)

Living

Deceased

Tribe or Band, and location: _____

9. Biological Father's Known Siblings

A. Name: _____
(Include former names or aliases)

- Living
 Deceased

Tribe or Band, and location: _____

B. Name: _____
(Include former names or aliases)

- Living
 Deceased

Tribe or Band, and location: _____

C. Name: _____
(Include former names or aliases)

- Living
 Deceased

Tribe or Band, and location: _____

10. Other (living) Family Member(s) involved/should be involved in this case:

A. Name: _____

Relationship: _____

A. Name: _____

Relationship: _____

B. Name: _____

Relationship: _____

C. Name: _____

Relationship: _____

PLEASE CONTINUE TO LAST PAGE

VERIFICATION

Petitioner(s), by signing below declares under penalty and 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.

****PLEASE WAIT TO SIGN & DATE UNTIL IN FRONT OF A NOTARY****

Signature of Petitioner 1

Date

Mailing Address

City, State, Zip Code

Phone Number

Email Address

Signature of Petitioner 2

Date

Mailing Address

City, State, Zip Code

Phone Number

Email Address

Signed before me on ____ day of _____, 20____.

Signature of Notary Public, State of _____

Tribal Court Staff Title: _____