

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

In RE the Guardianship and/or Conservatorship of: _____ DOB: _____ An Minor Child	Case No. _____  <b>Information Attachment- Minor Child</b>
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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*

**Form 23-1211.1: Information Attachment- Minor Child**

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:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

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:

<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Name</i>	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

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

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

<i>Type of Case</i>	<i>Name of Court</i>	<i>Case Number</i>
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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

**Form 23-1211.1: Information Attachment- Minor Child**

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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*

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<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:

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**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)*

**Form 23-1211.1: Information Attachment- Minor Child**

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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: \_\_\_\_\_

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: \_\_\_\_\_*