

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

In RE the Guardianship and/or Conservatorship of: _____ DOB: _____ An Adult	Case No. _____  <b>Information Attachment- Adult</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 person 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 person 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 person receiving public assistance?  Yes  No  I'm not sure

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

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 Protected Party:

<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 Protected Party 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 person 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. Protected Party'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 23-1211.2: Information Attachment- Adult**

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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. Protected Party's Tribal Membership card is attached:

- Yes
- No

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

- Yes
- No

T. Has the Protected Party ever attended a Tribal School?

- Yes Name and Location: \_\_\_\_\_
- No
- Unknown

U. Has the Protected Party ever served in the Military?

- Yes Branch/Conflict/Years of Service: \_\_\_\_\_
- No
- Unknown

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

- Yes
- No
- Unknown

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

- Yes
- No
- Unknown

X. Does the Protected Party receive any Indian Trust payments?

- Yes
- No
- Unknown

**Form 23-1211.2: Information Attachment- Adult**

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Y. Is the Protected Party a party in any legal actions or lawsuits?

Type of Case	Name of Court	Case Number

**2. Mother(s) Information**

A. Mother 1

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

Name: \_\_\_\_\_  
*(Include maiden, married, and former names or aliases)*

- Biological Mother
- Legal Adoptive Mother
- Other: \_\_\_\_\_

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: \_\_\_\_\_

B. Mother 2

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

Name: \_\_\_\_\_  
*(Include maiden, married, and former names or aliases)*

- Biological Mother
- Legal Adoptive Mother
- Other: \_\_\_\_\_

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. Siblings of Mother(s)**

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: \_\_\_\_\_

D. Name: \_\_\_\_\_

*(Include former names or aliases)*

- Living
- Deceased

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

E. Name: \_\_\_\_\_

*(Include former names or aliases)*

- Living
- Deceased

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

**4. Father(s) Information**

A. Father 1

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

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

- Biological Father  
 Legal Adoptive Father  
 Other: \_\_\_\_\_

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: \_\_\_\_\_

B. Father 2

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

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

- Biological Father  
 Legal Adoptive Father  
 Other: \_\_\_\_\_

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. Siblings of Father(s)**

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: \_\_\_\_\_

D. Name: \_\_\_\_\_  
*(Include former names or aliases)*

- Living
- Deceased

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

E. Name: \_\_\_\_\_  
*(Include former names or aliases)*

- Living
- Deceased

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

**PLEASE CONTINUE TO NEXT PAGE**

**6. Sibling(s) or Child(ren) of Protected Party**

A. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

B. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

C. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

D. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

E. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

F. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

G. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

A. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

H. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

I. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

J. 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: \_\_\_\_\_*