

**IN THE FAMILY COURT OF THE FORT BELKNAP INDIAN COMMUNITY
OF THE FORT BELKNAP INDIAN RESERVATION, MONTANA**

IN THE MATTER OF:	CASE NO:
	PETITION FOR GUARDIANSHIP OF CHILD
MINOR CHILD(REN)	

APPEARING NOW, _____, Petitioner in this action and respectfully petitions this Court for an Order granting Guardianship of _____ to _____ and presents unto the above Court the following in support.

1. Pursuant to Title V, Part I, Sec. 2 & 2.1, this Court has exclusive and original jurisdiction.
2. _____ is an enrolled member to Fort Belknap Tribes, whose (Minor Child(ren)) _____, enrollment number is _____.
3. He/she is physically and/or mentally incapable of handling his/her own affairs.
4. That _____ currently resides at _____.
(Minor Child(ren))
5. Currently he/she is without a Guardian to manage his/her affairs.
6. Pursuant to Title V, Part IX, sec. 1 & 1.2, Petitioner moves this Court to grant this petition and issue an Order appointing _____ Guardianship of _____ to handle all matters as they pertain to his/her best interest.
7. The _____ residence is located at: _____,
(Petitioner) (Mailing Address)
_____, _____ and telephone number:
(City) (State) (Zip Code)
_____.

There are _____ other person(s) who have an interest in these proceedings, whose names and addresses are as follows:

*Please attach a copy of the Birth Certificate

Respectfully submitted this _____ day of _____, _____.

PETITIONER

SUBSCRIBED and SWORN to before me this _____ day of _____,

_____.

Clerk of Court/Notary

CONTACT INFORMATION FOR PARTIES

<u>PETITIONER</u>	<u>RESPONDENTS</u>
Full Legal Name: _____.	Full Legal Name: _____.
Alias: _____.	Alias: _____.
Home Phone number: _____.	Home Phone number: _____.
Cell Phone number: _____.	Cell Phone number: _____.
Street Address: _____.	Street Address: _____.
Po Box: _____.	Po Box: _____.
Date of Birth: _____.	Date of Birth: _____.
Place of Birth: _____.	Place of Birth: _____.
Place of work: _____.	Place of work: _____.
<u>Parents if applicable</u>	<u>Parents if applicable</u>
Mother: _____.	Mother: _____.
Father: _____.	Father: _____.
<u>MINOR CHILD</u>	<u>MINOR CHILD</u>
Full Legal Name: _____.	Full Legal Name: _____.
Alias: _____.	Alias: _____.
Home Phone number: _____.	Home Phone number: _____.
Street Address: _____.	Street Address: _____.
Po Box: _____.	Po Box: _____.
Date of Birth: _____.	Date of Birth: _____.
Place of Birth: _____.	Place of Birth: _____.
<u>Parents if applicable</u>	<u>Parents if applicable</u>
Mother: _____.	Mother: _____.
Father: _____.	Father: _____.

Petitioner is **REQUIRED** to provide the above information for proper processing.