**TRIBAL COURT**

**, ALASKA**

**In the Matter of: )**

**)**

**)**

**DOB** **) Case No.**

**)** Tribal Court Telephone Number:

**Minor Tribal Member(s) )** (907)

# PETITION FOR APPOINTMENT OF GUARDIAN

I/we, , wish to use the Tribal Court for the following child custody matter. Provide details in the space provided on this form or on the back of this sheet. Please state the facts and reasons supporting your request to be appointed guardian of the child(ren) until she/he/they turn(s) age 18, or graduate(s) from High School, also include financial ability to support the child(ren):

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

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**Jurisdiction:**

Child(ren) named above is/are a member of (or eligible for membership in) the       Tribe; the parent(s),       , is/are a tribal member(s).

□ There is no case regarding the above child(ren) in another court.

□ There is a case regarding these child(ren) in another court. Specify the type of case and the case number and location:

**Other people involved are:** (Names, addresses and telephone numbers)

     , (Name of Mother, Address and Telephone Number)

     , (Name of Father, Address and Telephone Number)

## **STATEMENT OF SERVICE of**

## **Petition to Use Tribal Court for Appointment of Guardian**

I  mailed return receipt requested restricted delivery or  personally gave (check one) a copy of this petition to the other people involved on the       day of      , 20     .

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

(Signature of Petitioner #1)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature of Petitioner #2) (Mailing Address of Petitioners)

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

(Print or type name of Petitioner(s) (City/State)

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

(Date Petition was signed) (Telephone Number of Petitioners)