
Name

Mailing Address

City, State Zip Code

Phone Number Email

- Petitioner (without attorney)
- Respondent (without attorney)
- Attorney/Advocate for _____

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI TRIBES
OF THE FLATHEAD RESERVATION, PABLO, MONTANA

<p>In re the Parenting of:</p> <p>_____</p> <p>Minor Child(ren).</p> <p>Petitioner:</p> <p>_____</p> <p>and</p> <p>Respondent:</p> <p>_____</p>	<p>Cause No. _____</p> <p style="text-align: center;">PETITION TO ESTABLISH PARENTING PLAN AND CHILD SUPPORT</p>
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NOTE: If you need **more space** than is provided, attach additional pages and indicate the corresponding paragraph that goes with the attachment. **You must fill out the entire form.** If a section does not apply, put "N/A" (not applicable).

This Petition seeks to establish a parenting plan that allocates parental decision-making responsibilities and parenting time for the minor child(ren), to establish child support, and any other orders necessary to protect the best interests of the child(ren). As grounds for the Petition, Petitioner states as follows:

1. Information about Petitioner: Check if in Military

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Apt. No. _____

Physical Address: _____

Primary Phone No. _____

Length of Residence on Flathead Reservation: _____ (Years/Months)

Dates: _____

Petitioner is/is not a member of a federally recognized tribe.

Tribal Affiliation: _____ Enrollment Number: _____

Petitioner has the following relationship with the minor child(ren):

- Child(ren)'s Mother
- Child(ren)'s Father
- Other (please specify): _____

2. Information about Respondent: Check if in Military

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Apt. No. _____

Physical Address: _____

Primary Phone No. _____

Length of Residence on Flathead Reservation: _____ (Years/Months)

Dates: _____

Respondent is/is not a member of a federally recognized tribe.

Tribal Affiliation: _____ Enrollment Number: _____

Respondent has the following relationship with the minor child(ren):

- Child(ren)'s Mother
- Child(ren)'s Father
- Other (please specify): _____

3. Minor Child(ren)'s Information:

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Apt. No. _____

Physical Address: _____

Primarily lives with: _____

Primary Phone No. _____

Length of Residence on Flathead Reservation: _____ (Years/Months)

Dates: _____

Minor child is/is not a member of a federally recognized tribe.

Tribal Affiliation: _____ Enrollment Number: _____

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Apt. No. _____

Physical Address: _____

Primarily lives with: _____

Primary Phone No. _____

Length of Residence on Flathead Reservation: _____ (Years/Months)

Dates: _____

Minor child is/is not a member of a federally recognized tribe.

Tribal Affiliation: _____ Enrollment Number: _____

4. **Residence History of Child(ren).** Please state for each child listed above: the name of child, name of person child lived with the month, date and year for the last 5 years. Start with the child's current address:

Child(ren)'s name(s)	Address	Starting MM/YY	Ending MM/YY	List all people living at this address and relationship to child(ren)

5. **Significant Contacts:** If the child(ren) listed above have not resided or been domiciled within the Flathead Reservation but have had significant contacts with the Reservation community, please explain the significant contacts:

6. **Each party has a continuing duty to inform the Court of any proceeding in this or any other state/tribal court that could affect the current proceeding.**

7. **I understand that the Court may review any case involving the children, Petitioner, Respondent and other parties named in this Petition that have been filed in any Court.**

8. **Paternity.** Under penalty of perjury, I affirm that:

- The person listed as Father above has acknowledged paternity of the above child(ren) by doing the following:

OR

- The person listed as Father is the father of the above child(ren). The circumstances that support this assertion are as follows:

9. **Cases Involving Child(ren).** I/We have participated in the following proceeding(s) regarding the child(ren) as a party or a witness, or in any other capacity concerning issues of custody/allocation of decision-making, or visitation/parenting time with the child(ren). Identify name of court, case number, jurisdiction, date, and type of proceeding if any.

Name of Court	Case Number	Jurisdiction	Date of Proceeding	Type of Proceeding	Status of Proceeding

10. **Other Court Cases.** The following proceeding(s) that could affect the current proceeding including, but not limited to proceedings for Dissolution of Marriage, Legal Separation, enforcement of Court orders, domestic violence or domestic abuse, protection/restraining orders, criminal cases, child support, termination of parental rights, and adoptions. Identify name of court, case number, state, date and type of proceeding.

Name of Court	Case Number	Jurisdiction	Date of Proceeding	Type of Proceeding	Status of Proceeding

11. **Other Interested People.** The following people are not parties in this matter but have physical custody of the child(ren) or claim rights of parental responsibilities, legal custody or physical custody, or visitation/parenting time with the child(ren). Identify name and address of those persons, if any. **I understand that I may have to give notice of this case to anyone on this list.**

Full Name of Person	Address (Street, City/State, Zip Code)	Description of Claimed Rights

12. **Parenting Plan.** It is in the best interest of our child(ren) that this court adopt my proposed parenting plan. I filed this document with this Petition. **My proposed parenting plan includes parenting time, decision-making responsibilities, child support, and medical support.**

13. The **best interests of the child(ren)** would be served by adopting Petitioner’s proposed parenting plan for the following reasons:

14. **Required Notice of Human Services Involvement.** The parties or dependent child(ren) listed on this Petition has/have received within the last five years or is/are currently receiving benefits or public assistance from CSKT Department of Human Resource Development, Montana Department of Public Health and Human Services or any other public assistance agency.

No Yes If your answer was **Yes**, complete the following:

Name of Person Receiving Benefit	Name of Tribe or County and State Agency	Case Number	Month/Year

15. Required Notice of Prior Protection/Restraining Orders. Have any type of Protection/Restraining Orders to prevent domestic abuse been issued against either party within two (2) years prior to the filing of this Petition? No Yes

If your answer was **Yes**, complete the following:

The Protection/Restraining Order was issued against _____ in a _____ in the County of _____, State of _____, in case number _____ on _____ (date).

Explain the type and subject matter of the Protection Order:

16. Child Support. Have the parents have filed a case with Tribal Child Support Enforcement Program (TCSEP) or any other child support entity? No Yes

If **Yes**, identify the jurisdiction and case number: _____

If **No**, please indicate if you plan to contact TCSEP to establish child support consistent with the Tribal Child Support Guidelines and Schedule as recommended by TCSEP. No Yes

17. Other:

WHEREFORE, I ask this Court to take the following action:

- A. Adopt Petitioner’s proposed parenting plan, including parenting time, child support, and medical support and any other orders necessary to protect the best interest of the child(ren).
- B. Other relief: _____
- C. And for any other relief this Court deems is just and proper.

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- By checking this box, I am acknowledging I am filling in the blanks and **not** changing anything else on the form.
 - By checking this box, I am acknowledging that I have made a change to the original content of this form.
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RESPECTFULLY SUBMITTED this _____ day of _____, 20__ by:

Signature of: Petitioner Respondent
 Attorney/Advocate for _____

Signature of: Petitioner Respondent
 Attorney/Advocate for _____

VERIFICATION AND ACKNOWLEDGMENT

I, _____, swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn to or affirmed before me at _____, Montana on the _____ day of _____, _____.

(SEAL)

Clerk of Court, Notary Public or other
person authorized to administer oath.

My commission expires: _____

VERIFICATION AND ACKNOWLEDGMENT

I, _____ swear/affirm under penalty of perjury that I have read the
foregoing document and that the information provided set forth therein is true and correct to the best
of my knowledge.

Signature

Date

Subscribed and sworn to or affirmed before me at _____, Montana on the ____
day of _____, _____.

(SEAL)

Clerk of Court, Notary Public or other
person authorized to administer oath.

My commission expires: _____