
Name

Mailing Address

City, State Zip Code

Phone Number Email

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

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

<p>IN THE MATTER OF:</p> <p>_____</p> <p>Minor Child(ren).</p> <p>UPON THE PETITION OF:</p> <p>_____</p> <p>Petitioner(s)</p> <p>AND CONCERNING:</p> <p>_____</p> <p>Respondent(s)</p>	<p>Cause No. _____</p> <p style="text-align: center;">PETITION TO ESTABLISH GRANDPARENT VISITATION</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 grandparent visitation pursuant to CSKT Laws Codified, § 3-1-109 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(s):

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Apt. No. _____

Physical Address: _____

Primary Phone No. _____

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

Dates: _____

Relationship to Minor: _____

Petitioner 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: _____

Primary Phone No. _____

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

Dates: _____

Relationship to child(ren): _____

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

Tribal Affiliation: _____ Enrollment Number: _____

2. Information about each parent and any other person who claims to have legal custody of the minor child(ren):

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Apt. No. _____

Physical Address: _____

Primary Phone No. _____

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

Dates: _____

Relationship to child(ren): _____

Respondent 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: _____

Primary Phone No. _____

Relationship to child(ren): _____

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

Tribal Affiliation: _____ Enrollment Number: _____

3. Information about minor child(ren):

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. 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:

5. Grounds for Request. One of the following circumstances has occurred allowing the petition for visitation rights pursuant to CSKT Laws Codified, § 3-1-109(3)(a)-(b) [select one]:

- The parents of the child(ren) are divorced, legally separated or no longer in a relationship; or
- An action for divorce or separate maintenance has been commenced by one of the parents of the child(ren); or
- The parent of the child(ren), who is the child of the grandparent, has died.

6. 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, termination of parental rights, and adoptions. Identify name of court, case number, state, date and type of proceeding.

Name of Court or Agency	Case Number	Jurisdiction	Date of Proceeding	Type of Proceeding

7. Best Interests of Child(ren): It is in the minor child(ren)'s the best interest for the Court to permit grandparent contact following reason(s):

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Petitioner), 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, _____ (Petitioner), 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: _____