
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 RE INTEREST OF:</p> <p>_____</p> <p>Respondent.</p> <p>UPON THE PETITION OF:</p> <p>_____</p> <p>Petitioner(s).</p>	<p>Cause No. _____</p> <p style="text-align: center;">PETITION FOR GUARDIANSHIP FOR ADULT</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).

COMES NOW, Petitioner, _____, and respectfully petitions this Court for an Order Appointing a Guardian pursuant to CSKT Laws Codified, § 3-5-112. As grounds for the Petition, Petitioner states as follows:

1. Court Proceedings

- No court proceeding is pending in this Court or elsewhere concerning Respondent.
- The following proceeding(s) concern(s) Respondent. Identify name of court, case number, state, date, and type of proceeding if any.

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

2. Information about Petitioner:

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 Respondent: _____

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

Tribal Affiliation: _____ Enrollment Number: _____

- Petitioner is 21 years of age or older, nominates himself or herself and requests to be appointed as guardian.

-OR-

- Petitioner nominates the following person, who is 21 years of age or older, to be appointed as guardian.

Proposed Guardian

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 Respondent: _____

Proposed Guardian is is not a member of a federally recognized tribe.

Tribal Affiliation: _____ Enrollment Number: _____

NOTE: The Court may require a nominee to obtain additional background information that the Court considers necessary to assist it in determining the fitness of the nominee for the appointment sought.

3. Information about Respondent:

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: _____

4. Information about Respondent's spouse or partner, if applicable:

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Apt. No. _____

Physical Address: _____

Primary Phone No. _____

Relationship to Respondent: _____

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

Tribal Affiliation: _____ Enrollment Number: _____

5. Information about Respondent's children, so long as such information is available, and any brothers, sisters, grandchildren or other parties who have been significantly involved in the care of Respondent during the last 3 years:

Attach additional pages, if necessary.

None (If none, list an adult relative that can be found with reasonable efforts, such as a parent, aunt, uncle, etc.)

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Apt. No. _____

Physical Address: _____

Primary Phone No. _____

Relationship to Respondent: _____

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

Tribal Affiliation: _____ Enrollment Number: _____

6. A **Power of Attorney** exists for financial or medical matters. The agent's name and mailing address is:

Attach a copy of the Power of Attorney to the Petition.

Full name: _____

Street Address: _____

7. Purpose of Guardianship.

- A guardianship is necessary due to the respondent being unable to manage all or some matters necessary for promoting or protecting Respondent's well-being:
- Physician's Report is attached.

8. Guardian's Powers and Duties.

Petitioner requests the powers and duties to be unlimited or unrestricted or limited or with restrictions. The requested limitations or restrictions on the guardian's powers and duties, if any, are as follows:

9. **Duration of Guardianship.** Petitioner requests that the duration of the guardianship be as follows:

10. **Assets.** Respondent's **assets** are as follows:

Description of Assets (e.g. bank accounts, property)	Estimated Value
<input type="checkbox"/> None	
<input type="checkbox"/> Attach additional sheets if necessary.	
	\$
	\$
	\$
	\$
	\$
Total	\$

11. **Income.** Respondent's **income** is as follows:

Description of Income (e.g. social security, insurance)	Estimated Amount of Income
<input type="checkbox"/> None	
<input type="checkbox"/> Attach additional sheets if necessary.	
	\$
	\$
	\$
Total	\$

12. **Notice.** Respondent, all children of Respondent, the spouse or partner of Respondent, any other person whom Respondent is living with, and CSKT Health and Human Services are

required by law to be given notice of this Petition and of the time and place of hearing on this Petition:

Name	Address	Relationship to Respondent

13. **Request for Appointments.** Request for the Tribal Court, upon receipt of this Petition, to appoint an advocate or attorney to represent Respondent, a physician to examine Respondent for the purposes of determining capacity, and a visitor.

14. Petitioner respectfully request that this Court appoint a guardian after notice and hearing on this Petition to Appoint Guardian pursuant to CSKT Laws Codified, §3-5-112(3)(e).

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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: _____