

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State      Zip Code

\_\_\_\_\_  
Phone Number      Email

☐ Petitioner (without attorney/advocate)

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

IN RE INTEREST OF:  _____ Minor Child(ren).  UPON THE PETITION OF:  _____ Petitioner(s)  AND CONCERNING:  _____ Respondent(s)	  <b>Cause No.</b> _____  <b>Acceptance of Office and Acknowledgment of Responsibilities for GUARDIAN</b>
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I, \_\_\_\_\_, hereby accept appointment to and agree to perform the duties guardian of \_\_\_\_\_ (Respondent) and do solemnly swear that I will perform said duties according to law. **Acknowledgment of Responsibilities:**

1. I, \_\_\_\_\_, acknowledge that I was appointed as the guardian for \_\_\_\_\_ (Minor Child(ren)) I understand that **Letters of Guardianship** will not be issued until this form is signed and provided to the Court. I agree to comply with statutory and court requirements and understand that I am responsible for preparing and filing reports and/or plans with the Court and providing copies to all interested persons as identified in the **Order Appointing Guardian**.

2. I am responsible for promptly providing the Court with any changes to my mailing address, email address, and telephone number by filing a Notice of Change Regarding Contact Information.

3. I am responsible for maintaining supporting documentation for all receipts into the accounts and all disbursements out of Minor's accounts under my control during the duration of my appointment. Supporting documentation includes bank statements and check copies, credit

card statements and receipts, sales receipts, and other such forms of proof that support my reports. I understand that the court or any interested persons may request copies at any time.

**My signature below indicates that I have read and understand my responsibilities as a newly appointed guardian.**

**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: \_\_\_\_\_