

\_\_\_\_\_  
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>Minor Child.</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;"><b>PETITION FOR NAME CHANGE (MINOR CHILD)</b></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 to Change Name of Minor Child pursuant to CSKT Laws Codified, § 3-1-108. As grounds for the Petition, Petitioner states as follows:

**1. Information about Petitioner:**

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**2. Information about each Parent (Respondents) of the Minor Child:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Deceased (attach Death Certificate)  Unknown (attach Birth Certificate)  Parental Rights Terminated (attach copy of Order)

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Deceased (attach Death Certificate)  Unknown (attach Birth Certificate)  Parental Rights Terminated (attach copy of Order)

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**3. Information about Minor Child:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Physical Address: \_\_\_\_\_

Child's Place of Birth: \_\_\_\_\_

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: \_\_\_\_\_

**If the Child is 14 or older, do the Child consent to proposed name change?**  Yes  No

- 4. **Significant Contacts:** If the Child 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:

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- 5. **Legal Guardians:** If the biological parents of the Child listed above are no longer alive or whose rights have been terminated, provide the Legal Guardian's information as follows:

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Legal Guardian is/is not a member of a federally recognized tribe.

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**6. Court Cases**

- No court proceeding is pending in CSKT Tribal Court or elsewhere concerning the Minor Child.
- The following proceeding(s) concern(s) the Minor Child as follows: (next page)



No Yes (attach Consent of Parent [TCF 0082])

c. Does the biological parent, \_\_\_\_\_, consent to appointment of a guardian?

No Yes (attach Consent of Parent [TCF 0082])

12. **Request for Hearing.** Petitioner respectfully request that this Court schedule a hearing to decide this matter.

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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  
 Attorney/Advocate for \_\_\_\_\_.

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