## NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS DISTRICT \_\_\_\_\_

| IN THE COURT OF CEN  | NTRAL JU   | RISDICTION  |
|--|--|---|
| In the Matter of the Guardianship of:  |  | Case File No  |
|  | P  | ETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR CHILD(REN)  |
| Minor Child(ren).  |  |   |
| NOTE: If guardianship is being petitioned for are not the same, a separate petition.  1. Court Proceedings.  □ No court proceeding is pending in the Newhere concerning the child(ren)'s care.  □ There is a pending proceeding in the Courties arises from an active Child Protection care. | for each conditions of the design of the des | hild must be filed.  Band Court of Central Jurisdiction or tody.  ntral Jurisdiction. (If this guardianship |
| given to all parties involved in the Child F   |  |   |
| $\square$ There is a pending proceeding in the follo   | wing cou   | rt:   |
| Name of Court  | State  | Type of Proceeding  |
| <ul> <li>2. The petitioner is: (Check all that apply)</li> <li>A member of the child(ren)'s extended to child(ren) is:</li> <li>A prospective guardian</li> </ul>  | •  | ·   |
| ☐ A person with an interest in the child(ren)  | )  |   |

|    | $\square$ The child her/himself if the child is fourteen (14   | years of age older). |
|----|--|----------------------|
| 3. | 3. This is a petition for:   |                      |
|    | ☐ General Guardianship. (This guardianship provi<br>child(ren) reach eighteen (18) years old, but do                   | -                    |
|    | ☐ Emergency Guardianship. (This guardianship is what specific authority or powers regarding quests the Court to order: |                      |
|    | A  |                      |
|    |  |                      |
|    | В  |                      |
|    | C  |                      |
|    | D  |                      |
|    |  |                      |
| 4. | 4. Information about the Petitioner(s):  |                      |
|    | Petitioner's Name:   |                      |
|    | Street Address:  |                      |
|    | City: State: Z   | ip Code:             |
|    | Currently residing on the Mille Lacs Band Reservat   | ion? □ Yes □ No      |
|    | Telephone Number:  |                      |
|    | Email Address (if any):  | _@                   |
|    | Relationship to Child(ren):  |                      |
|    | Mille Lacs Band Member? ☐ Yes ☐ No E   | nrollment Number:    |
|    | Affiliated with another Tribe? ☐ Yes ☐ No Tr   | ibe:                 |
|    | Occupation: Unc  | employed? 🗆 Yes 🗆 No |
|    | Place of Employment:   | Retired?   Yes   No  |

|    | Co-Petitioner's Name:       |                   |                   |           |          |
|----|-----------------------------|-------------------|-------------------|-----------|----------|
|    | Street Address:             |                   |                   |           |          |
|    | City:                       | State:            | Zip Code:         | ·         |          |
|    | Currently residing on the   | Mille Lacs Band R | Reservation? [    | □ Yes     | □ No     |
|    | Telephone Number:           |                   |                   |           |          |
|    | Email Address (if any):     |                   | @                 |           |          |
|    | Relationship to Child(ren)  | :                 |                   |           |          |
|    | Mille Lacs Band Member?     | Yes □ No          | Enrollment Nu     | mber:     |          |
|    | Affiliated with another Tri | be? □ Yes □       | No Tribe:         |           |          |
|    | Occupation:                 |                   | Unemploye         | ed? □ Ye  | es 🗆 No  |
|    | Place of Employment:        |                   | Retire            | d? □ Ye   | es 🗆 No  |
|    |                             |                   |                   |           |          |
| 5. | Information about the C     | Child(ren):       |                   |           |          |
|    | (A) Child's Name:           |                   |                   |           |          |
|    | Date of Birth:              | Unmarrie          | d? □ Yes 🗵        | No        |          |
|    | Street Address:             |                   |                   |           |          |
|    | City:                       | State:            | Zip Code:         | ·<br>·    |          |
|    | Currently residing on the   | Mille Lacs Band R | Reservation? [    | □ Yes     | □ No     |
|    | Telephone Number:           |                   |                   |           |          |
|    | Mille Lacs Band Member?     | Yes □ No          | Enrollment Nu     | umber:    |          |
|    | Affiliated with another Tri | be? □ Yes □       | No Tribe:         |           |          |
|    | In the custody of the Mille | e Lacs Band throu | igh Family Servic | ces? 🗆 Y  | ′es □ No |
|    | ☐ The following person      | has the primary c | are and custody   | of the ch | ild:     |
|    | Custodian's Name:           |                   | Relationship      | to child: |          |
|    | Street Address:             |                   |                   |           |          |
|    | City:                       | State:            | Zip Code:         |           |          |

| (B) Child's Name:  | <del></del> |  |
|--|-------------|--|
| Date of Birth: Unmarried? ☐ Yes ☐ No   |             |  |
| Street Address:  |             |  |
| City: State: Zip Code:   |             |  |
| Currently residing on the Mille Lacs Band Reservation? $\Box$ Yes                      | □ No        |  |
| Telephone Number:  |             |  |
| Mille Lacs Band Member? $\square$ Yes $\square$ No Enrollment Number: $\_$             |             |  |
| Affiliated with another Tribe?   Yes   No Tribe:                                       |             |  |
| In the custody of the Mille Lacs Band through Family Services? $\Box$ Ye               | es 🗆 No     |  |
| ☐ The following person has the primary care and custody of the chi                     | ld:         |  |
| Custodian's Name:  |             |  |
| Custodian's Name: Relationship to child:   |             |  |
| Street Address:  |             |  |
| City: State: Zip Code:   |             |  |
| (C) Child's Name:  |             |  |
| Date of Birth: Unmarried?   Yes   No   |             |  |
| Street Address:  |             |  |
| City: State: Zip Code:   |             |  |
| Currently residing on the Mille Lacs Band Reservation? $\Box$ Yes                      | □ No        |  |
| Telephone Number:  |             |  |
| Mille Lacs Band Member? $\square$ Yes $\square$ No Enrollment Number: $\underline{\ }$ |             |  |
| Affiliated with another Tribe?   Yes   No Tribe:                                       |             |  |
| In the custody of the Mille Lacs Band through Family Services? $\Box$ Ye               | es 🗆 No     |  |
| ☐ The following person has the primary care and custody of the chi                     | ld:         |  |
| Custodian's Name: Relationship to child:   |             |  |

|    | Street Address:                                     |                        |   |
|----|---|------------------------|---|
|    | City:   | State:                 | Zip Code:                                       |
| 6. | Information about the P                             | arents:                |   |
|    | Mother's Name:                                      |                        | Deceased  Unknown                               |
|    | Street Address:                                     |                        |   |
|    | City:   | State:                 | Zip Code:                                       |
|    | Enrolled Mille Lacs Band n                          | nember? $\square$ Yes  | ⊠ No  |
|    | Currently residing on the I                         | Mille Lacs Band Rese   | rvation?   Yes   No                             |
|    | Telephone Number:                                   |                        |   |
|    | Email Address (if any):                             |                        |   |
|    | Does the mother consent                             | to the guardianship?   | □ Yes □ No                                      |
|    | Father's Name:                                      |                        | □ Deceased □ Unknown                            |
|    | Street Address:                                     |                        |   |
|    | City:   | State:                 | Zip Code:                                       |
|    | Enrolled Mille Lacs Band n                          | nember? $\square$ Yes  | □ No  |
|    | Currently residing on the I                         | Mille Lacs Band Rese   | rvation?   Yes   No                             |
|    | Telephone Number:                                   |                        |   |
|    | Email Address (if any):                             |                        |   |
|    | Does the father consent to                          | o the guardianship?    | ☐ Yes ☐ No                                      |
| 7. | Jurisdiction.                                       |                        |   |
|    | The Mille Lacs Band Court<br>8 MLBSA § 3201 et seq. | of Central Jurisdictio | n has jurisdiction over this matter pursuant to |
| 8. | Basis for Guardianship.                             |                        |   |
|    | Explain why a guardianshi                           | p is necessary and in  | the best interest of the child(ren):            |

| ☐ It is necessary to appoint, through an <i>ex parte</i> motion, an Emerethe child(ren) until a hearing can be held on this petition because rable injury, loss, or damage will result to the child(ren) before guardian or custodian can be heard in opposition. State the reason and what efforts were made to notify the parent(s), guardian and/of of this petition: | e immediate and irrepa-<br>the child(ren)'s parent,<br>ns for the <i>ex parte</i> relief |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| I wish to serve as the child(ren)'s guardian for the following reason(s)   | :  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Child(ren)'s Assets and Income.  |  |
| The child(ren)'s assets are:   |  |

## PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR (rev 03/21)

**Description of Assets (e.g. bank accounts, property)** 

9.

☐ None

Estimated Value

\$

|  | \$                         |
|--|----------------------------|
| Total  | \$                         |
| he child(ren)'s income is:   | ,                          |
| Description of Income (e.g. Social Security benefits, insurance)  ☐ None   | Estimated<br>Value         |
|  | \$                         |
|  | \$                         |
| Total  | \$                         |
| Requirements for Consideration as Potential Guardian.  |                            |
| As the petitioner for guardianship, I declare that:  |                            |
| ☐ I am willing to submit to a finger-print criminal background check. I<br>there is an active child protection case involving the child(ren) or I<br>may require me to pay a background check fee to the Mille Lace<br>Department. | am indigent, the Court     |
| ☐ I am willing submit to a urinalysis.   |                            |
| ☐ I am willing to undergo a homestudy conducted by the Mille Lac<br>Department.  | s Band Family Services     |
| ☐ If I have a diagnosed mental illness which may impair my ability to duties, I will execute the necessary releases of information so that that the child(ren)'s best interest is protected. ☐ I do <b>not</b> havillness.         | t the Court may ensure     |
| If I have a history of chemical dependency, I will submit to assess<br>attendance at recovery meetings, and/or provide the testimony of members attesting to my sobriety.   I do <u>not</u> have a history of c                    | reliable Mille Lacs Band   |
| ☐ I have <u>not</u> declared bankruptcy during the five (5) years preceding tion.  | g the filing of this peti- |

|     | ☐ I have <u>no</u> conflict of interest that would preclude or substantially impact my ability to act in the child(ren)'s best interest.  |
|-----|---|
| 11. | Reporting requirements.   |
|     | ☐ By checking this box, I am acknowledge that if I am appointed as the child(ren)'s guardian, I am required to provide an inventory and appraisal (if required by the Court) of the child(ren)'s belongings and estate within forty-five (45) days after my appointment.                                |
|     | ☐ By checking this box, I am acknowledge that if I am appointed as the child(ren)'s General Guardian, I am required to file an Annual Report on or about the anniversary of the guardianship or at such time is ordered by the Court. (An Emergency Guardian is not required to file an Annual Report.) |
| 12. | Proposed Successor Guardian(s)  |
|     | The following person(s) are proposed to be successor guardian(s) to serve in the event the Petitioner cannot carry out the duties of guardian:  |
|     | A   |
|     | B   |
|     | Potential successor guardians must be willing to submit to a background check at the time this petition is filed and are subject to the same eligibility factors found at 8 MLBS § 3208 and are subject to the placement preferences set out at 8 MLBS § 3165.  |
|     | Petitioner(s) requests the Court grant me guardianship of the above-named minor   |

Petitioner(s) requests the Court grant me guardianship of the above-named minor child(ren). I am the most suitable and best qualified person among those available, and I am willing to discharge my responsibilities in the best interest of the child(ren). As required by 8 MLBS § 3213, I certify that if I am appointed as the minor child(ren)'s guardian, I will encourage and arrange for the child(ren) to maintain cultural ties with the Mille Lacs Band, to be informed of Band traditions and customs, to attend powwows and ceremonies, and to have the opportunity to learn the native language.

Petitioner(s) requests a date for hearing this Petition and after the hearing, issue an order appointing Petitioner(s) as Guardian for the above-named child(ren).

| Dated:                                | Petitioner's Signature       |
|---------------------------------------|------------------------------|
|                                       | Petitioner's Printed Name    |
| ubscribed and sworn before me on this | day, 20                      |
|                                       | Clerk of Court               |
| Pated:                                | Co-Petitioner's Signature    |
|                                       | Co-Petitioner's Printed Name |
| ubscribed and sworn before me on this | day, 20                      |
|                                       | <br>Clerk of Court           |