

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

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**IN THE COURT OF CENTRAL JURISDICTION**

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In the Matter of the Guardianship of \_\_\_\_\_

Case File No. \_\_\_\_\_

**PETITION FOR APPOINTMENT  
OF GUARDIAN AND/OR CONSERVATOR  
FOR  
VULNERABLE ADULT**

\_\_\_\_\_  
Respondent.

1.  No court proceeding is pending in the Mille Lacs Band Court of Central Jurisdiction or elsewhere concerning the Respondent (the proposed ward).
- There is a pending proceeding in the Court of Central Jurisdiction.
- There is a pending proceeding in the following court(s).

Name of Court	State	Type of Proceeding

2. **This is a petition for:** (check all that apply)
- Guardianship** (for the care and custody of the Respondent)
- Permanent     Temporary (will be reevaluated every 90 days)
- Conservatorship** (responsibility for the administration and management of the Respondent's funds and property)
- Permanent     Temporary (will be reevaluated every 90 days)

**3. Grounds for the petition are:** (check all that apply)

- The Respondent is incapacitated and unable to take care of him or herself and such incapacity is a significant impediment to the Respondent's health and well-being.
- The Respondent is unable or unwilling to competently administer financial affairs.

**State the specific facts (including dates, places and actions of the Respondent) that form the reason the appointment is sought:**

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**4. Information about the Petitioner:**

Petitioner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Currently residing on the Mille Lacs Band Reservation?  Yes  No

Telephone Number: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_@\_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

Mille Lacs Band Member?  Yes  No Enrollment Number: \_\_\_\_\_

Affiliated with another Tribe?  Yes  No Tribe: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Retired?  Yes  No

Unemployed?  Yes  No

**5. Information about the Respondent:**

Respondent's Name: \_\_\_\_\_

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

Sex: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Currently residing on the Mille Lacs Band Reservation?  Yes  No

Telephone Number: \_\_\_\_\_

Mille Lacs Band Member?  Yes  No Enrollment Number: \_\_\_\_\_

Affiliated with another Tribe?  Yes  No Tribe: \_\_\_\_\_

**6. Information about other petitioners.**

There is no other person known to be seeking appointment as the Respondent's guardian or conservator.

The following person(s) are seeking appointment as the Respondent's guardian and/or conservator.

Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Name: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**7. Jurisdiction.**

The Mille Lacs Band Court of Central Jurisdiction has jurisdiction over this matter pursuant to 8 MLBS § 3221, et seq.

**8. Prior orders or existing power of attorney.**

- An appointment of a guardian and/or conservator for Respondent has been previously made. **(Attach copy of the prior order to the petition.)**
- A power of attorney exists for the Respondent's financial or medical matters. **(Attach a copy of the power of attorney to the petition.)**

Name of Person Given Power of Attorney: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**9. Information about the hospital or other institution where the Respondent is located:**

- Respondent is not in a hospital or placed in another facility.

Name of Hospital/Facility: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**10. Information about examining physicians.**

The two qualified physicians that have certified, as required by 8 MLBS § 3222(b), that the Respondent is incompetent and is not able to take care of his or her person or property are:

**A)** Physician's Name: \_\_\_\_\_

Medical Office/Facility: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**B) Physician's Name:** \_\_\_\_\_

Medical Office/Facility: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**The physicians' written statements as to Respondent's incapacity to care for him or herself and finances are attached to Petition.**

**11. The Respondent's assets are:**

<b>Description of Assets (e.g. bank accounts, property)</b>	<b>Estimated Value</b>
<input type="checkbox"/> <b>None</b>	
Home	\$
Other real estate	\$
Bank accounts or cash	\$
Retirement funds	\$
Investments	\$
Household goods	\$
Personal property	\$
Other receivables (describe)	\$
<b>Total</b>	<b>\$</b>

**12. The Respondent's income is:**

<b>Description of Income</b>	<b>Estimated Monthly Amount</b>
<input type="checkbox"/> <b>None</b>	

Wages or salary	\$
Social Security or Social Security Disability benefits	\$
Retirement or pension payments	\$
Worker's Compensation benefits	\$
Unemployment Insurance benefits	\$
Mille Lacs Band distributions	\$
Other income (describe):	\$
<b>Total</b>	<b>\$</b>

**13. The Respondent has the following debt or liabilities**

<b>Description of Liability</b>	<b>Outstanding Balance</b>
<input type="checkbox"/> <b>None</b>	
Mortgage	\$
Automobile loan(s)	\$
Credit card debt	\$
Other loans	\$
Other liabilities (describe)	\$
<b>Total</b>	<b>\$</b>

**14. Requirements for Consideration as Potential Guardian and/or Conservator**

As the Petitioner for guardianship and/or conservatorship, I declare that:

- I am willing to submit to a finger-print criminal background check. I understand that unless I am indigent, the Court may require me to pay a background check fee to the Mille Lacs Band Family Services Department.

- I am willing submit to a urinalysis.
- If I have a diagnosed mental illness which may impair my ability to carry out guardian or conservator duties, I will execute the necessary releases of information so that the Court may ensure that the Respondent's best interest is protected.
  - I do **not** have a diagnosed mental illness.
- If I have a history of chemical dependency, I will submit to assessments, provide proof of attendance at recovery meetings, and/or provide the testimony of reliable Mille Lacs Band members attesting to my sobriety.
  - I do **not** have a history of chemical dependency.
- I have not declared bankruptcy during the five (5) years preceding the filing of this petition.
- I have no conflict of interest that would preclude or substantially impact my ability to act in the Respondent's best interest.

**Acknowledgement of homestudy and guardianship report requirement:**

- By checking this box, I am acknowledging that I am aware that before a guardianship and/or conservatorship may be granted that the Mille Lacs Band Family Services Department or other qualified agency must conduct a guardianship evaluation and submit a guardianship report to the Court.

**15. Reporting requirements.**

- By checking this box, I am acknowledge that if I am appointed as the Respondent's guardian and/or conservator, I am required to provide to the Court an accounting of the ward's finances every thirty (30) calendar days. The accounting must include all income received on behalf of the ward and all expenditures made with the ward's money and/or any property sales or investments made on behalf of the ward.

Petitioner requests the Court grant me guardianship and/or conservatorship of the above-named Respondent. 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 Respondent.

Petitioner requests a date for hearing this Petition and after the hearing, issue an order appointing Petitioner as Guardian and/or Conservator for the Respondent.

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**VERIFICATION**

I declare under penalty of perjury that everything I have stated in this document is true and correct. **(Sign in front of Clerk of Court or Notary Public)**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Petitioner's Printed Name

Subscribed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk of Court/Notary Public