

Sisseton Wahpeton Oyate Tribal Court State of South Dakota	ADULT GUARDIANSHIP	IN TRIBAL COURT  CASE NO.
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**IN ORDER TO PROCESS PAPER WORK IN A TIMELY MANNER WE NEED THE FOLLOWING**

**THERE WILL BE A \$50 FILING FEE**

**(TRIBAL COURT NOW ACCEPTS CREDIT/DEBIT CARDS)**

**ALL PARTIES INVOLVED**

\_\_\_\_\_  
Plaintiff/Petitioner

\_\_\_\_\_  
Defendant/Respondent

\_\_\_\_\_  
Mailing and Physical (if different) Address

\_\_\_\_\_  
Mailing and Physical (if different) Address

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

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

**PLACE OF EMPLOYMENT (FOR SERVICE)**

**TRIBAL ENROLLMENT (FOR MINORS)**

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Defendant

**ATTORNEY NAME**

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Address/Phone Number

\_\_\_\_\_  
Address/Phone Number

**Should your case proceed to trial please provide a list of pertinent witnesses to your case. Please provide names and addresses AS SOON AS POSSIBLE so they can be served. If your witness is willing to come on their own, please provide a list to Tribal Court prior to trial.**

**PAPER WORK WILL NOT BE PROCESSED IF THE ABOVE INFORMATION IS NOT PROVIDED**



separate sheet If more space is needed. Please attach a letter from the person's physician/medical provider)

The name and address of the person (if any) who has the care and custody of the adult are:

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

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

\_\_\_\_\_

The adult to be protected \_\_\_\_\_ is \_\_\_\_\_ is not entitled to receive Veteran's benefits.

The Veteran's Administration claimant number is: \_\_\_\_\_

The adult to be protected has:

- A spouse whose name and address is listed below.
- Child(ren) whose name(s) and address(s) are listed below.
- No living child(ren), but has living parent(s) whose name(s) and address are listed

below.

No spouse, child(ren), or parents. The name(s) and address of presumptive heirs are listed below.

- No presumptive heirs.

NAME	RELATIONSHIP	ADDRESS

None of the above named spouse, child (ren), parents, or presumptive heirs are under any legal incapacity except: \_\_\_\_\_

Give name, legal incapacity, and representative of the person, if any

**I REQUEST** that the adult be determined to be a legally incapacitate person and:

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Phone #

Who has priority as: \_\_\_\_\_ to be appointed  
\_\_\_\_ full guardian with all powers provided by stature.  
\_\_\_\_ limited guardian with the following powers:

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\_\_\_\_ No other person appears to have authority to act in the circumstances. I request that a temporary guardian be appointed pending a hearing on this petition because of the following emergency which presents a danger to this person:

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WHEREFORE, Petitioner respectfully prays that the Sisseton Wahpeton Oyate Tribal Court of the Lake Traverse Reservation, Sate of South Dakota, grant Petitioner guardianship of the above named minor(s) until such time as a hearing can be held in this matter.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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PETITIONER

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

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CLERK OF COURTS