

SISSETON-WAHPETON SIOUX TRIBE)
LAKE TRAVERSE RESERVATION)
STATE OF SOUTH DAKOTA)

IN TRIBAL COURT

CASE NO.

In the Matter of: _____)
_____)
_____)
_____)
_____)

PETITION FOR GUARDIANSHIP

COMES NOW, _____, Petitioner herein, being first duly sworn deposes and says and follows:

1) _____, a minor child, was born on the _____ day of _____, 20____, his/her address is _____, and his/her enrollment status is _____.

2) _____, a minor child, was born on the _____ day of _____, 20____, his/her address is _____, and his/her enrollment status is _____.

3) _____, a minor child, was born on the _____ day of _____, 20____, his/her address is _____, and his/her enrollment status is _____.

4) _____, a minor child, was born on the _____ day of _____, 20____, his/her address is _____, and his/her enrollment status is _____.

5) The natural mother of said minor child(ren) is _____, whose address is _____, and whose enrollment is _____.

6) The natural father of said minor child(ren) is _____.

and whose enrollment is _____.

7) The legal guardian of said minor child(en) is _____,

whose address is _____,

and whose enrollment is _____.

8) There is now known parent or guardian of said minor child(ren). The nearest relative of said minor child(ren) _____,

whose address is _____.

9) The person having physical custody of said minor child(ren) is/are _____,

whose address is _____.

10) Petitioner requests guardianship of said minor child(ren) for the reasons set forth in the attached Information for Guardianship, filed in this Court on the ____ day of _____, 20 ____.

WHEREFORE, Petitioner, _____, respectfully prays that the Sisseton-Wahpeton Tribal Court of the Lake Traverse Reservation, State of South Dakota, grant Petitioner guardianship of the minor child(ren) until such time as a hearing can be held in this matter.

Dated this _____ day of _____, 20 ____.

PETITIONER

Subscribed and sworn to before me this _____ day of _____
20 ____.

CLERK OF COURTS

**IN ORDER TO PROCESS YOUR PAPER WORK WE WILL
NEED THE FOLLOWING:**

ALL PARTIES INVOLVED:

FULL PHYSICAL ADDRESS

FULL MAILING ADDRESS

PLACE OF EMPLOYMENT

TELEPHONE NUMBERS

TRIBAL AFFILIATE

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