

Chemehuevi Indian Tribe-Tribal Court

P.O. Box 1930, Havasu Lake, CA 92363
 1990 Palo Verde Drive, Havasu Lake, CA 92363
 Phone: (760) 858-4219 ext. 30
 Fax: (760) 858-5120; (760) 858-5400

**PETITION FOR GUARDIANSHIP
 (adopted by General Order 2019-01)**

<p>A. Petitioner's Full Name, Mailing Address, and Phone Number</p> <hr/> <hr/> <hr/> <hr/> <hr/> <p><input type="checkbox"/> Confidential <input type="checkbox"/> Not confidential</p> <hr/> <p>B. Respondent's Full Name, Mailing Address, and Phone Number</p> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>C.</p> <p align="center">PETITION FOR</p> <p><input type="checkbox"/> TEMPORARY</p> <p><input type="checkbox"/> PERMANENT</p> <p align="center">GUARDIANSHIP TYPE (MARK ALL THAT APPLY)</p> <p><input type="checkbox"/> PERSON</p> <p><input type="checkbox"/> ESTATE</p>	<p>D. FOR COURT USE ONLY</p> <hr/> <p align="center">Case Number</p>
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E. In RE the Guardianship of:

<hr/>	<hr/>	<input type="checkbox"/> minor
Full Name	Date of Birth	
<hr/>	<hr/>	<input type="checkbox"/> minor
Full Name	Date of Birth	
<hr/>	<hr/>	<input type="checkbox"/> minor
Full Name	Date of Birth	
<hr/>	<hr/>	<input type="checkbox"/> minor
Full Name	Date of Birth	

F. I, _____, petitioner in the above-named matter, hereby state the following: (mark all that apply)

1. The Court has jurisdiction as follows:

- The above-named is (are) enrolled or eligible for enrollment with the _____ Indian Tribe. N/A
- The above-named reside(s) within the boundaries of the _____ Indian Reservation. N/A
- The petitioner is an enrolled member of the _____ Indian Tribe and does/does not (circle one) reside within its jurisdictional boundaries. N/A
- The respondent is an enrolled member of the _____ Indian Tribe and does/does not (circle one) reside within its jurisdictional boundaries. N/A

2. I am the biological mother biological father other _____ of the above-named individual(s) and I live at _____.

3. The biological mother of the above-named individual(s) is named _____ she lives at _____, she is employed by _____, and she is is not consenting to this petition. Deceased Mother unknown Not Applicable

4. The biological father of the above-named individual(s) is named _____ he lives at _____, he is employed by _____, and he is is not consenting to this petition. Deceased Father unknown Not Applicable

5. The above-named individual(s) has (have) been residing with _____ at _____, for approximately _____ months/years.

6. I am ready, willing, and able to care for the above-named individual(s) which includes:

A. Provide a good and stable home environment for the above-named.

B. No other family members, maternal or paternal, have shown interest in obtaining guardianship over the above-named.

C. I will have most concern regarding the well being of the above-named individual(s) including safety, interest, care and financial stability.

7. I am petitioning for temporary/permanent (circle one) guardianship of the above-named individual(s) for the following reasons:

8. I have included all relevant medical records (if applicable). N/A

9. Another court has has not previously determined guardianship of the above-named individual(s). If another court has done so the relevant details are as follows:

Court: _____

Date: _____

Guardian: _____

10. Therefore, I request the following of the Court:

Set a hearing in this matter to determine guardianship of the above-named individual(s).

Grant the petitioner emergency guardianship of the above-named individual(s) until the time of the hearing based on the following facts:

Other requests:

11. I affirm that the statements set forth above are accurate and complete to the best of my knowledge.

Print

Signature

Date

FOR COURT USE ONLY

Received by: _____

Date received: _____

Order a social service investigation to determine Petitioner(s) qualifications as guardian.

Comments:
