Saginaw Chippewa Indian Tribe Tribal Court 6954 E. Broadway Mt. Pleasant, MI 48858 989-775-4800

PETITION FOR APPOINTMENT OF GUARDIAN OF A MINOR

| Case Number: |
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| |

| IN T | HE MATTER OF: | | | | | |
|--|---|-------------------------------|---|--|--|--|
| | (MINOR | C'S FULL NAME) | | | | |
| 1. | I, | | , am interested in the welfare of the minor | | | |
| | | | | | | |
| | und make tins petition as | (State Interest/Relationship) | · | | | |
| 2. | | | , and resides within the Saginaw | | | |
| ۷. | | | , and resides within the Saginaw | | | |
| | empre wa surficient at | | · | | | |
| 3. | Said minor is is not a member/eligible for membership in the Saginaw Chippewa Indian Tribe. | | | | | |
| Relativ | ves of the minor are: | | | | | |
| | TIONSHIP | NAME/AGE | ADDRESS | | | |
| MOTE | IER | | | | | |
| FATH | ER | | | | | |
| | | | | | | |
| | | _ | | | | |
| | | | | | | |
| 4. Is the Family Independence Agency, Social Services, Friend of the Court, or any other Court involved with this family in regards to this child? If so, you must indicate when and where. | | | | | | |
| | When: | | | | | |
| | Whore | | | | | |
| | Where: | | | | | |
| 5. | 5. The minor child is subject to the continuing jurisdiction of another court (indicate court name and address) | | | | | |
| 6. The minor child is in need of a guardian because: a. The parental rights of both parents or of the surviving parent have been terminated or suspended by: Death a prior court order in | | | | | | |
| | | | (Court Name) | | | |
| | Disappearance | Confine | nement in a place of detention | | | |
| | Other (explain) | | | | | |
| | <u>OR</u> | | | | | |

| b. It is necessary for the imme | t is necessary for the immediate physical well-being of the minor because: | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| 7. I request that | , whose address is | | |
| | g guardianship) be appointed guardian of the minor. | | |
| 8. I declare that this petition has been knowledge, information and belief | n examined by me and its contents are true to the best of my | | |
| Date | Date | | |
| Petitioner Signature | Petitioner Signature | | |
| Address | Address | | |
| City, State, Zip Code | City, State, Zip Code | | |
| | | | |
| | , am 14 years of age or older and nominate | | |
| | who lives at as my guardian. | | |
| Date | Signature of minor | | |

A copy of this petition shall be provided to Anishnaabeg Child and Family Services who shall perform a home study and shall submit a written report to the Court prior to initial hearing.

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