

## **PETITION FOR GUARDIANSHIP**

**Purpose:** This is the form used to request the court to order the guardianship, of a minor and or adult who is mentally incompetent or lacks the capacity to manage his or her person or property, and who has no parent or spouse.

**How:** A petition for Guardianship is usually filed by a relative or an interested party. Notice must be given to all interested parties.

**Copies:** The original petition is stored in the court case file.  
A copy of the petition is retained by the petitioner.  
A copy is given to the respondent and or other appropriate individuals.

**Fee:** There is a \$25.00 filing fee for this petition.

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Your mailing address

\_\_\_\_\_  
City            State    Zip

\_\_\_\_\_  
Your phone number

**Petitioner pro se**

**FORT PECK TRIBAL COURT  
ASSINIBOINE AND SIOUX TRIBES  
FORT PECK INDIAN RESERVATION  
POPLAR, MONTANA**

\_\_\_\_\_  
In the Matter of the Guardianship of \_\_\_\_\_ Case No. \_\_\_\_\_  
\_\_\_\_\_:

**PETITION FOR  
GUARDIANSHIP**

\_\_\_\_\_  
Petitioner.

\_\_\_\_\_  
I would like this Court to make me the guardian of \_\_\_\_\_

**1. Information about me:**

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

Age: \_\_\_\_\_; Enrolled: \_\_\_\_\_

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

Relation to this adult: \_\_\_\_\_

Length of time living on the Reservation: \_\_\_\_\_

**2. Information about this adult:**

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

Age: \_\_\_\_\_; Enrolled: \_\_\_\_\_

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

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

Length of time living on the Reservation: \_\_\_\_\_

3. No guardian has previously been appointed by the Court.

4. I allege that this person is incapacitated and I am seeking guardianship because:

\_\_\_\_\_

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5. Other interested parties to this action are:

A. Name: \_\_\_\_\_ Status: \_\_\_\_\_  
Address: \_\_\_\_\_

B. Name: \_\_\_\_\_ Status: \_\_\_\_\_  
Address: \_\_\_\_\_

C. Name: \_\_\_\_\_ Status: \_\_\_\_\_  
Address: \_\_\_\_\_

**WHEREFORE, THE PETITIONER REQUESTS THE FOLLOWING:**

1. That the Court set a time and place for a Permanent Guardianship hearing.
2. That the Court make findings of incapacity of this person and his/her need for Permanent Guardianship.
3. That the Court order the appointment of the Petitioner as the Permanent Guardian of the person and property of \_\_\_\_\_.
4. That the Court order such other and further relief as it deems just and necessary.

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

\_\_\_\_\_  
Petitioner

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

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

**PETITIONER**

**Personal Information Sheet**

|                        |                |                 |                        |             |                         |           |        |
|------------------------|----------------|-----------------|------------------------|-------------|-------------------------|-----------|--------|
| Last Name              |                | First Name      |                        | Middle Name |                         | Prefix    | Suffix |
|                        |                |                 |                        |             |                         |           |        |
| Name of Tribe Enrolled |                | Birthdate       | Driver's License State |             | Driver's License Number |           |        |
|                        |                |                 |                        |             |                         |           |        |
| Race                   | Gender         |                 | Height                 | Weight      | Hair Color              | Eye Color |        |
|                        | Male or Female |                 |                        |             |                         |           |        |
| Social Security Number |                | Mailing Address |                        |             | Physical Address        |           |        |
|                        |                |                 |                        |             |                         |           |        |
| Work Phone             |                | Cell Phone      |                        |             | Home Phone              |           |        |
|                        |                |                 |                        |             |                         |           |        |

VS

**RESPONDENT**

**Personal Information Sheet**

|                        |                |                 |                        |             |                         |           |        |
|------------------------|----------------|-----------------|------------------------|-------------|-------------------------|-----------|--------|
| Last Name              |                | First Name      |                        | Middle Name |                         | Prefix    | Suffix |
|                        |                |                 |                        |             |                         |           |        |
| Name of Tribe Enrolled |                | Birthdate       | Driver's License State |             | Driver's License Number |           |        |
|                        |                |                 |                        |             |                         |           |        |
| Race                   | Gender         |                 | Height                 | Weight      | Hair Color              | Eye Color |        |
|                        | Male or Female |                 |                        |             |                         |           |        |
| Social Security Number |                | Mailing Address |                        |             | Physical Address        |           |        |
|                        |                |                 |                        |             |                         |           |        |
| Work Phone             |                | Cell Phone      |                        |             | Home Phone              |           |        |
|                        |                |                 |                        |             |                         |           |        |