

\$60.00 Filing fee

FOREST COUNTY POTAWATOMI TRIBAL COURT

IN THE MATTER OF THE GUARDIANSHIP OF:

Case No: \_\_\_\_\_

\_\_\_\_\_, a Minor. Date of Birth: \_\_\_\_\_

PETITION FOR GUARDIANSHIP

\_\_\_\_\_, being first duly sworn, respectfully petitions the Court as follows:

- 1. That he/she desires that \_\_\_\_\_ be appointed the guardian of the (person / estate / person and estate [select one]) of, \_\_\_\_\_, a minor child.
2. That \_\_\_\_\_, the proposed ward, is a minor \_\_\_ years of age.
3. That the name, date of birth, residence, address and Tribal status of the proposed ward is as follows: \_\_\_\_\_

4. That said minor needs a guardian because: \_\_\_\_\_

5. The said Minor is receiving Life Insurance Benefits from \_\_\_\_\_.

Attach the following: [ ] Death Certificate [ ] Enrollment Verification [ ] Letter from Symetra

6. That said minor has an estate of the value of \_\_\_\_\_ dollars.

7. That said estate consists of the following assets: (describe: cash, bank accounts, securities, real estate or other valuable items and indicate the value of each): \_\_\_\_\_

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8. That said minor has the following claims or anticipated income (specify amount and source):

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9. That said minor (does / does not) presently have a guardian; if there is a guardian, indicate name and address: \_\_\_\_\_

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10. That the name, address, phone number and relationship of the proposed guardian to the ward is: \_\_\_\_\_

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11. That the interest of your Petitioner is: \_\_\_\_\_

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12. That the names and addresses of the living parents and/or spouse of the said minor are:

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13. That the name and address of the person presently having the care and custody of the minor child is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Petitioner

Forest County Potawatomi )  
Indian Reservation ) ss.  
State of Wisconsin )

\_\_\_\_\_, being first duly sworn, says that s/he is the Petitioner named above that s/he has read the foregoing Petition and swears its contents are true and correct.

\_\_\_\_\_  
Signature of Petitioner  
Telephone number: \_\_\_\_\_

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

\_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission expires: