NISQUALLY IN	ALLY TRIBAL COURT DIAN RESERVATION , WASHINGTON
Petitioner #1,	Case No
Petitioner #2.	PETITION FOR GUARDIANSHIP
I D	OF DEDENDENT ADDIT T
In Regards to the Guardianship of:	OF DEPENDENT ADULT
An Indian A	
An Indian A COMES NOW the Petitioner(s) he	Adult.
An Indian A COMES NOW the Petitioner(s) he	adult. The rein and request that this Court enter an Order for
An Indian A COMES NOW the Petitioner(s) he Guardianship of the youth named depender	adult. The rein and request that this Court enter an Order for
An Indian A COMES NOW the Petitioner(s) he Guardianship of the youth named depender verified statement of the Petitioner(s). 1. Dependent Adult:	adult. This Petition is based upon the following
An Indian A COMES NOW the Petitioner(s) he Guardianship of the youth named depender verified statement of the Petitioner(s). 1. Dependent Adult: Name:	adult. The rein and request that this Court enter an Order for
An Indian A COMES NOW the Petitioner(s) he Guardianship of the youth named depender verified statement of the Petitioner(s). 1. Dependent Adult: Name:	adult. The preint and request that this Court enter an Order for a dult. This Petition is based upon the following

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NISQUALLY TRIBAL COURT 4820 She-Nah-Num Drive S.E. Olympia, Washington 98513 (360) 456-5221



1		Name of Adults Tribe:
2		Address:
3		
4		The Court Clerk shall send notice to this Tribe.
5		Petitioner #1:
6		1 endoner #1.
7		Name:
8		Date of Birth:
9		Tribal Status:
10		Address:
11		I am the Adults (relationship):
12	2.	Petitioner #2:
13		Name:
14		Date of Birth:
15		Tribal Status:
16		Address:
17		I am the Adults (relationship):
18	3.	The Petitioner(s) are: Married to each other
19		Are not Married to each other.
20		
21		Are not married to each other but reside as common law
22		spouses.
23		Other: Describe Relationship:
24		There is only one Petitioner.
25		

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1	4.	Other Person's whom should be notified and whom are most closely related by blood:
2		Name:
3		Name: Address:
4		Relationship:
5		
6		Name:
7		Address:
8		Relationship:
9		Name:
10		Name:Address:
11		Address:
12	5.	The Adult is presently in the Custody of and residing with: (Name, Relationship,
13 14		Location and Duration):
15		
16 17	6.	Concise Statement to the request for the establishment of Guardianship is based upon
18		the following facts, including reasons why appointment of a Guardian is sought and in
19		the best interest of the adult.
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15 16 17	7.	This is an EmergencyNon-Emergency Petition (Reason)
18 19	8.	The Court has Jurisdiction over this matter pursuant to Jurisdiction of the Nisqually
20		Tribal Code.
21	9.	The Petitioner(s) requests the;
22		a. Court appoints a Guardian.
23		b. The duration of the guardianship be until further Order of the Tribal Court.
24		c. The Guardians be vested with the authority to handle all financial affairs for
25		the Dependent Adult, to authorize the provision of necessary medical and
26		The state of the s



1		dental care and treatment and to otherwise assist the court in supervising the
2		Dependant Adult.
3	10.	The Petitioner(s) understands that if an Order is granted for Emergency Guardianship
4		that is valid for only thirty days and will expire.
5	11.	Request that a Court Clerk schedule a hearing in this matter at the Courts earliest
6		convenience.
7 8	12.	The Petitioner(s) by completing and filing this petition in the Nisqually Tribal Court
9		consents and submits to the jurisdiction of the Nisqually Indian Tribe for purposes of
10		this petition; including but not limited to obeying all Tribal Court Orders and
11		Contempt of Court Sanctions for willful disobedience of any such Orders and to
12		sanctions of perjury.
13	13.	I/We Certify and declare under penalty of perjury under the laws of the Nisqually
14		Indian Tribe and State of Washington that I/We have read the foregoing petition,
15 16		know the contents thereof and believe the same to be true and correct to the best of
17		my/our knowledge and beliefs.
18		my our mio wronge and obtions.
19	Dated	this, 200
20	Dated	day of, 200
21		
22	Petitio	oner #1 Petitioner #2
23		
2425		
20		



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