

ONC Court Case Number: \_\_\_\_\_

## **Guardianship Checklist**

\_\_\_\_\_Petition to use Tribal court

\_\_\_\_\_Petition for Guardianship Packet completed

\_\_\_\_\_Parents Tribal ID card copy if a parent is not an ONC member

\_\_\_\_\_If parent IS ONC member what is Parent's enrollment # \_\_\_\_\_

\_\_\_\_\_Copy of Childs Birth Certificate; And a CIB if available

\_\_\_\_\_Parents CIB if necessary

\_\_\_\_\_Parental Consent for Custody and Guardianship Completed

\_\_\_\_\_Home Study by ONC Social Services or OCS

First Scheduled Hearing date: \_\_\_\_\_ Notice to Parties Sent date \_\_\_\_\_

Secondary Hearing Date: \_\_\_\_\_ Notice to Parties Sent date \_\_\_\_\_

\_\_\_\_\_Tribal Resolution

\_\_\_\_\_Guardianship Order completed

\_\_\_\_\_Certificates of Service Completed on \_\_\_\_\_



Orutsararmiut Tribal Court

PO Box 406

Bethel, AK 99559

In the Matter of:

)

)

\_\_\_\_\_

)

Case No. \_\_\_\_\_

DOB: \_\_\_\_\_

)

)

PETITION TO USE TRIBAL COURT

The ONC Tribal Court is hereby requested to consider taking the following case

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

by \_\_\_\_\_

(person or people, address, phone number)

ONC Tribal member:   yes    no

Brief description of situation:

\_\_\_\_\_

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Other people involved (including address and phone number): \_\_\_\_\_

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ONC CC Article 2, Section 2(A)(1-4)  
Article 4, Section 2(A)

\_\_\_\_\_  
(Signature of Petitioner(s) )                      Date

\_\_\_\_\_  
(Witness)    Date

\_\_\_\_\_  
(Witness)    Date



Orutsararmiut Tribal Court

PO Box 406

Bethel, AK 99559

In the Matter of: )

)

)

DOB: )

)

)

Minor Tribal Member(s) )

Case No.

Tribal Court Phone Number:

(907) 907-543-2608

**PETITION FOR GUARDIANSHIP OF MINOR CHILD(REN)**

I, \_\_\_\_\_, hereby file this Petition for Custody of the following Minor Child(ren):

\_\_\_\_\_, DOB: \_\_\_\_\_

\_\_\_\_\_, DOB: \_\_\_\_\_

**Jurisdiction:**

Child(ren) named above is/are a member of (or eligible for membership in) the Orutsararmiut Native Council Tribe; the parent(s), \_\_\_\_\_, is/are a tribal member(s), or, transferred to this Tribal Court from \_\_\_\_\_.

- There is no case regarding the above child(ren) in another court.
- There is a case regarding these children in another court. Specify: \_\_\_\_\_

\_\_\_\_\_

Petitioner is seeking custody of the minor child(ren) for the following reasons:

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(Add more lines/statements if necessary)

**Other people involved are:** (Names and addresses of all parties)

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**Emergency Temporary Custody Requested:**

I am requesting emergency temporary custody of the minor child(ren) due to the following exigent circumstances (state urgency of need for temporary custody):

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**Visitation (or Restricted visitation):**

I hereby request that visitation be considered for the minor child(ren) due to safety and welfare concerns of the child(ren). I hereby suggest the following visitation be ordered:

**No visitation be granted until a permanent custody hearing is held in this matter.**

**Visitation be supervised by \_\_\_\_\_, an agreeable party appearing in court to agree to supervise visitation.**

**Visitation be granted as follows:**

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

**PRAYER FOR RELIEF**

Based on the foregoing statements, Petitioner hereby requests the following relief:

- A hearing for Permanent Custody is granted the Petitioner;
- Petitioner is granted temporary emergency custody;
- Respondent is/is not granted visitation as follows:

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

- Any other relief deemed necessary and appropriate in this matter:

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

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

\_\_\_\_\_  
Petitioner: (print name) \_\_\_\_\_

**STATEMENT OF SERVICE of Petition for Guardianship of Minor Child(ren)**

I  mailed return receipt requested restricted delivery or  personally gave (check one) a copy of this petition to the other people involved on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Mailing Address of Petitioner)

\_\_\_\_\_  
(Print or type name of Petitioner)

\_\_\_\_\_  
(City/State)

\_\_\_\_\_  
(Date petition was signed)

\_\_\_\_\_  
(Phone Number of Petitioner)



Orutsararmiut Tribal Court

PO Box 406

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In the Matter of: )
)
)
)
Minor Tribal Member(s) )
\_\_\_\_\_ )

Case No:

CONSENT FOR CUSTODY AND GUARDIANSHIP

I give consent for the ONC Tribal Court to act upon the petition to use Tribal Court for Guardianship of my child(ren):

Appointed Guardian: \_\_\_\_\_

Child/ren Name(s) and birthdate(s):
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Before the ONC Tribal Courts as the parent do state the following:

- I am an ONC tribal member
I do not object to my child having temporary custody & guardianship.
I object for the following reason(s) (give a brief and clear reason why you object)

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

Signature of biological mother/father

Printed Name:

Witness Date



Orutsararmiut Tribal Court

PO Box 406

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<b>In the Matter of:</b>	)	
	)	
<b>DOB</b>	)	<b>Case No.</b>
	)	
	)	Tribal Court Phone Number:
<b>Minor Tribal Member(s)</b> _____	)	(907) _____

**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_ (name), state that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed or personally delivered a true and correct copy of \_\_\_\_\_ (documents), to the following parties:

Mother at:  
\_\_\_\_\_  
\_\_\_\_\_  
Mailed/Personal Service

Father at:  
\_\_\_\_\_  
\_\_\_\_\_  
Mailed/Personal Service

Other Party at:  
\_\_\_\_\_  
\_\_\_\_\_  
Mailed/Personal Service

Other Party at:  
\_\_\_\_\_  
\_\_\_\_\_  
Mailed/Personal Service

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name and Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_





**Bethel, Alaska**

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

By signing this form, you are authorizing the Tribal Court to release otherwise confidential information to one or more people whom you designate. Please read carefully. We will gladly answer any questions.

I authorize the Orutsararmiut Tribal Court to : (check all that pertain)

Discuss and disclose otherwise confidential information pertaining to my child custody case.

Other: \_\_\_\_\_

I authorize the release of the information specified above to:

\_\_\_\_\_

This information is released for the following purpose (s):

To coordinate child custody management services.

Other: \_\_\_\_\_

If you have authorized us to discuss confidential information, specify the period which we may communicate with the person(s) listed above by checking the appropriate box below:

I authorize ongoing communication unless I revoke this consent.

I authorize communication only until \_\_\_\_\_ (specify date).

Other restrictions or limitations on information to be released (specify):

\_\_\_\_\_

No other limitations

I understand that I do not have to agree to release confidential information, and that I may withdraw this consent at any time except insofar as action has already been taken in reliance thereupon. A facsimile of this form will be regarded as valid as the original. I understand that I am authorizing the release of my confidential information held by the Orutsararmiut Tribal court for purposes of case management services.

I understand that if I am protected by a restraining order or I have reason to believe I may be emotionally or physically harmed, I have a right to request that information on my whereabouts will be withheld from any including other parties to my Court case. I hereby release the Orutsararmiut Native Council Tribe and the Orutsararmiut Tribal Court and its designee named above from liability for the release of any information authorized under this agreement.

As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_