



Orutsararmiut Tribal Court

ORUTSARARMIUT NATIVE COUNCIL- TRIBAL COURT

117 Alex Hately

P.O. BOX 406 Bethel, Alaska 99559

P: (907) 543-2608 F: (907) 543-2639

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 the situation:

Other people involved (including address and phone number):

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

(Signature of Petitioner(s)) Date

(Witness) Date

(Witness) Date



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In the Matter of:)

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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: _____
_____, 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:

Blank lines for specifying details in the jurisdiction section.

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

(Add more lines/statements if necessary): _____

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

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):

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:

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)



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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):

Four horizontal lines for child/ren information

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)

Three horizontal lines for reasons

Signature of biological mother/father

Printed Name:

Witness

Date



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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)



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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: _____