

**IN THE TRIBAL DISTRICT COURT
OF THE PRAIRIE BAND POTAWATOMI NATION
11444 158TH ROAD, MAYETTA, KS, 66509**

In the Matter of:

Case Number: _____

(Print name of proposed protected person)

PETITION FOR APPOINTMENT OF (check one box)
() Guardian and Conservator () Conservator () Guardian
FOR ADULT WITH IMPAIRMENT

STATEMENTS MADE TO THE COURT, UNDER OATH:

1. Information about person(s) to be protected by an order appointing a guardian and/or conservator:

Name: _____ Date of birth: _____

Address: _____

Tribal Affiliation and Enrollment # _____

Name: _____ Date of birth: _____

Address: _____

Tribal Affiliation and Enrollment # _____

Name: _____ Date of birth: _____

Address: _____

Tribal Affiliation and Enrollment # _____

Name: _____ Date of birth: _____

Address: _____

Tribal Affiliation and Enrollment # _____

2. Persons entitled to Notice:

Name: _____ **Date of birth:** _____

Address, City, State, & Zip Code: _____

Tribal Affiliation and Enrollment # _____

Relationship to proposed protected person: _____

Name: _____ **Date of birth:** _____

Address City, State, & Zip Code: _____

Tribal Affiliation and Enrollment # _____

Relationship to proposed protected person: _____

Name: _____ **Date of birth:** _____

Address: _____

Relationship to proposed protected person: _____

Tribal Affiliation and Enrollment # _____

Name: _____ **Date of birth:** _____

Address: _____

Relationship to proposed protected person: _____

Tribal Affiliation and Enrollment # _____

Other Family Members (name, address and relationship): _____

3. Information about person to be appointed guardian/conservator/custodian:

Name: _____ Telephone: _____
Address: _____ Social Security Number: _____
Date of Birth: _____ Relationship to person: _____

4. Assets of the proposed protected person:

a. Real Estate located at: _____ Value \$ _____

Legal Description: _____

b. Household furniture and appliances: _____ Value \$ _____

c. Other Items or Interest in Land: _____ Value \$ _____

d. Pension/retirement fund/profit Sharing/stock plan/401K: _____ Value \$ _____

e. Motor vehicle(s) (List make, model, VIN number and Lien Holder and Value): _____

f. Bank Accounts and/or cash on hand (specify type of account, account number, amount in each account, name of bank and address): _____

g. Income (list all income the proposed protected person receives from where and amount): _____

5. Reasons for appointment. The appointment of a guardian/conservator/custodian is necessary because: explain why the appointment is necessary.) _____

6. Why should this court choose the person you say should be the guardian/conservator: _____

7. To the best of my knowledge, (check one box):

No Guardian or Conservator or Custodian has been appointed in any other court, and no court proceedings are pending for such appointment;

Someone has been appointed or court proceedings are pending (explain who, when, in what court, and if appointee is guardian, conservator, or custodian: _____)

COMPLETE ONLY IF A TEMPORARY APPOINTMENT IS AN EMERGENCY.

8. EMERGENCY SITUATION. This case is an emergency and a temporary appointment is necessary without notice to the person(s) listed in number 2 because (explain here in detail why this needs to be done right away and without notice, use additional sheet if needed): _____

REQUESTS TO THE COURT:

- 1. To find that the person(s) about whom this petition is filed is in need of a guardian and/or conservator.
- 2. **CHECK THIS BOX ONLY IF YOU ARE ASKING FOR AN EMERGENCY APPOINTMENT.**
 To find that an emergency exists and a temporary order is necessary.
- 3. To appoint the person identified in this petition as the temporary guardian and/or conservator for that person until a court hearing can take place on this matter, or until further order of the Court.
- 4. To order temporary child support in the amount of \$_____ per month until a court hearing can take place on this matter, or until further order of the Court.

OATH AND VERIFICATION:

STATE OF _____)
 COUNTY OF _____) **ss.**

I, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true, correct, and complete to the best of my knowledge and belief.

Petitioner Signature: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Public: _____

[seal]

My Commission Expires: _____

NOTE: There is a \$100.00 filing fee that must be paid at time of filing action.

Any questions, call: 866 966 2242 FAX 785 966 2662