



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

**COURT INFORMATION SHEET
EMANCIPATION**

Court Address
P.O.Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228

Name: _____
Last Middle Initial First DOB

Telephone Number (_____) _____

Address: _____

Mailing Address (if different than above) _____

Name of Mother: _____

Mailing Address: _____

Telephone Number (_____) _____

Name of Father: _____

Mailing Address: _____

Telephone Number (_____) _____

Please check all statements that apply to you:

___ I would like to file a petition for hearing in Siletz Tribal Court. (See attached petition)

___ I would like to file a petition for another person. The person I would like to represent or on whose behalf a petition might be filed is _____.

___ I am a member of the Confederated Tribes of Siletz Indians of Oregon
Roll # _____.

___ I am not a member of the Confederated Tribes of Siletz Indians of Oregon, and hereby submit to the jurisdiction of the Siletz Tribal Court.

I declare that the above statements are true and made in good faith.

Applicant Date ___/___/___



**TRIBAL COURT OF THE
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OREGON**

EMANCIPATION PETITION

CASE NO.

Court Address
P.O.Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228

Petitioner name, address, and telephone no.

IN THE MATTER OF _____

(Please print or type answers to the following question on the blank petition form provided; if you need additional space, you may attach separate page(s):

Name, age, and address:

Name and address of each living parent:

_____	_____
_____	_____
_____	_____
_____	_____

Name and address of minor's guardian or custodian, if any:

_____	_____
_____	_____
_____	_____
_____	_____

Reasons why emancipation would be in the best interests of the minor:

Purpose for which emancipation is sought.

Note: If parent or parents will not be present in Court, a notarized statement from each parent consenting to emancipation is needed.(If a parent's whereabouts is unknown, the Court may waive this requirement.)



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ITEMIZED INFORMATION SHEET

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Court telephone no.
(800) 922-1399
(541) 444-8228

The following is additional information required to complete the emancipation packet:

Copy of diploma or GED certificate

Copy of last three pay stubs

Itemized list of expenses with receipts for the last two months:

- | | | |
|-----|---|-------|
| 1. | Rent/Home payment | _____ |
| 2. | Property tax (estimate monthly payment) | _____ |
| 3. | Home Insurance | _____ |
| 4. | Home maintenance | _____ |
| 5. | Monthly installment payments on furniture, etc. | _____ |
| 6. | Utility bills: (electric, water, garbage, cable, phone) | _____ |
| 7. | Car payment | _____ |
| 8. | Car insurance | _____ |
| 9. | Car maintenance (repairs, gas, oil) | _____ |
| 10. | Health Insurance | _____ |
| 11. | Medication | _____ |
| 12. | Doctor bills not covered by insurance | _____ |
| 13. | Veterinary bills | _____ |
| 14. | Animal food and care expense | _____ |
| 15. | Day Care Cost | _____ |
| 16. | Monthly Family Food Cost (estimate) | _____ |
| 17. | Personal loans (must include documentation) | _____ |

Note: If you have any other outgoing bills that have not been listed here, add them to this list.

SUMMARY OF EXPENSES/INCOME

Total expenses:	_____
Total income:	_____
Discretionary income:	_____