



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

PETITION FOR VISITATION

CASE NO.
FWV _____
CR: _____

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

Court telephone no.
Toll Free: (800) 922-1399
Ph: (541) 444-8228

Petitioner name, address

Respondent name, address

IN THE MATTER OF: REQUEST FOR VISITATION

Name of child(ren):

CASE TYPE IS: _____

COMES now Petitioner, _____, and requests visitation with:

Type of visitation requested:

___supervised ___unsupervised

Relationship to the child (ren): _____

I am requesting visitation based on the following information: (use separate paper if more space is needed)

Further, the Petitioner moves the Court to schedule a hearing on this cause and to issue the proper notice to all parties involved, to be present at said hearing on request for visitation.

DATED this _____ day of _____, 20 ____.

Petitioner

ICW RESPONSE TO PETITION FOR VISITATION

ICW RECOMMENDATION:

ICW has reviewed the attached Petition for visitation and recommends as follows:

Grant

Deny

Reason for Recommendation:

Submitted by:

Name

Title

Date