



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

GUARDIANSHIP PACKET

CASE NO.

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

Court telephone no.:
(800) 922-1399
(541) 444-8228
(541) 444-8270 fax

Plaintiff/Petitioner name, address and telephone no.

Defendant/Respondent name, address and telephone no.

IN THE MATTER OF: PETITION FOR GUARDIANSHIP OF
A MINOR SILETZ INDIAN CHILD UNDER THE AGE OF 18 YEARS OLD
NAME: _____ DOB: _____ ROLL#: _____

CHECKLIST
GUARDIANSHIP

FORMS PROVIDED TO YOU BY TRIBAL COURT:

- 1) Information Form
- 2) Guardianship Introductory Questionnaire
- 3) Petition for Guardianship
- 4) Affidavit form (requires a Notary)
- 5) Summons (court will complete when you file the petition)
- 6) Proof of Service Form
- 7) Guardianship Ordinance (excerpt from Juvenile Code, Part V, see www.ctsi.nsn.us or request a copy from Tribal Court)
- 8) Consent to Jurisdiction form (complete, if applicable)
- 9) Consent to Guardianship by biological parent(s)

DOCUMENTS YOU ARE EXPECTED TO PROVIDE TO THE COURT

- 1) Completed forms listed above
- 2) A certified copy of the birth certificate(s) of child(ren)
- 3) Names and dates of birth of all persons residing in the home where the child will be living
- 4) If either parent will not be present at the guardianship hearing, a sworn statement (affidavit) from that parent stating their feelings about the petition for guardianship
- 5) If a parent's whereabouts are unknown, proof of attempt to notify that parent must be provided to the Court, along with a sworn statement from Petitioner, (affidavit) detailing the attempted service. (For types of accepted notification, see Tribal Court Rules and Procedures)
- 6) If possible, bring the parent(s) to the hearing to testify
- 7) Copy of any relevant police reports
- 8) Anyone signing in front of a Notary must provide picture I.D.

SILETZ TRIBAL COURT RECORDS INFORMATION

Applicant Name: _____

Telephone Number: _____

Street Address _____

Mailing Address (if different than street address): _____

Name of Minor's Mother _____

Mailing address of Mother _____

Telephone Number _____ Roll # _____

Name of Minor's Father _____

Mailing address of Father _____

Telephone Number _____ Roll # _____

Please check all statements that apply to you:

I would like to file a petition for guardianship regarding a minor child (ren). The minor child (ren)

Is/are: _____
Name Date of birth Tribal Roll# (each child)

Relationship to child: _____

I am a member of the Confederated Tribes of Siletz Indians of Oregon

I am a member of (other Tribe) _____

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

Failure to list complete and accurate information will result in delay or denial.

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

Applicant

Date

GUARDIANSHIP INTRODUCTORY QUESTIONNAIRE

A. Family History

1. Please explain why you are interested in becoming guardian for the referenced child(ren):

2. Do you possess prior experience as a guardian or caring for a relative's child(ren)? (Describe the experience)

3. Have you ever been certified as a foster care provider? If so, for what state/county?

4. How many children are in the home at this time? List their names, birth dates and Tribal roll number (if applicable):

5. Are you presently employed outside the home? If so, state your employer and the hours expended away from the home (if employment is less than 5 years, provide prior employment information):

6. If employed outside the home, list daycare provider along with address and phone number:

7. Are you currently enrolled or eligible for enrollment with any federally recognized Tribe? Please identify.

8. Describe yourself. (All interested parties are instructed to describe themselves)

B. Family History

1. Please provide a physical description of the home:

# of Rooms	Room Type Bathroom(s)	Brief Description (if applicable)
	Bedroom(s)	
	Garage	
	Dining Area	
	Kitchen	
	Living Area	
	Playroom	
	Utility Area	
	Other	

2. How long have you lived at the current address (if under 5 years list all other addresses):

3. Describe the play area in and outside the home (for younger children):

4. Is a separate bed available for the child(ren)

C. Firearms

1. Are there any firearms in the home? If so, where are they located?

D. Criminal History

1. Please identify any arrest, convictions, and disposition of criminal charges including dismissal, sentence, confinement, release of probation; and any convictions or arrests that have been expunged for all persons in the home.

D. References

1. Please state name, address, and phone number of at least four people to serve as references of your morally upstanding character; three references must be non-relatives with whom you have been acquainted with for at least two years.

Name	Address	Phone Number

All parties must sign and date this document.

FAILURE TO LIST COMPLETE AND ACCURATE INFORMATION WILL RESULT IN A DELAY OR DENIAL.

Signature of Applicant

Date

Signature of Applicant

Date



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

**PETITION FOR
GUARDIANSHIP**

CASE NO.

Temporary Permanent

Court Address:
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IN THE MATTER OF: PETITION FOR GUARDIANSHIP OF
A SILETZ MINOR INDIAN CHILD UNDER THE AGE OR 18 YEARS OLD
NAME: _____ DOB: _____ ROLL#: _____

I, _____ hereby Petition the Siletz Tribal Court for a hearing for Guardianship
of _____.

Reason for request for Guardianship: (use separate page if necessary)

I also request an expedited hearing. Yes ___ No ___

Reason for request for expedited hearing:

Petitioner's printed name

Petitioner's signature

Date



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IN THE MATTER OF: PETITION FOR GUARDIANSHIP OF
A SILETZ MINOR INDIAN CHILD UNDER THE AGE OR 18 YEARS OLD
NAME: _____ DOB: _____ ROLL#: _____

State of _____)
)
County of _____) ss
)

I, _____ am the Petitioner herein, and do hereby state that all of the information that I have provided in Petition and attached documents to the Court is true.

Signature of Affiant Date

Subscribed and sworn to before me this ___ day of _____ 20__.

Notary Public for

My Commission Expires



**TRIBAL COURT OF THE
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CONSENT TO GUARDIANSHIP
 ___ Temporary ___ Permanent

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**IN THE MATTER OF: PETITION FOR GUARDIANSHIP OF
 A SILETZ MINOR INDIAN CHILD UNDER THE AGE OR 18 YEARS OLD**

NAME: _____ DOB: _____ ROLL#: _____

State of _____)
) ss
 County of _____)
 _____)

- 1) I, _____, am the birth mother/father of the minor child, who was born on _____, in _____. To the best of my knowledge, this child falls under the provisions of the Indian Child Welfare Act.
- 2) After carefully considering the best interests of my minor child, I hereby temporarily ___ permanently ___ relinquish care, custody and control of the minor child (name of child) _____, to (name of guardians) _____ and _____ at (address of guardians) _____.
- 3) I knowingly, unequivocally and voluntarily transfer permanent ___ temporary ___ legal and physical custody for purpose of guardianship to _____ and _____, and consent to guardianship of _____, pursuant to the Petition and attached documents submitted to the Tribal Court of the Confederated Tribes of the Siletz Indians of Oregon, Case Number _____.

Dated this ___ day of _____ 20___ at _____ a.m./p.m.

 Signature of biological parent

SUBSCRIBED and SWORN TO BEFORE ME THIS ___ DAY OF _____ 20___.

*Notary Public for the State of
 My Commission expires on _____*



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

**CONSENT TO JURISDICTION OF
THE SILETZ TRIBAL COURT**

CASE NO.

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A SILETZ MINOR INDIAN CHILD UNDER THE AGE OR 18 YEARS OLD

NAME:

DOB:

ROLL#:

State of _____)
) ss
County of _____)
_____)

I, _____, **CONSENT TO THE JURISDICTION OF THE SILETZ
TRIBAL COURT FOR THE PURPOSE OF OBTAINING GUARDIANSHIP OF:**

BORN ON _____.

Signature of Affiant

Date

Subscribed to and sworn to before me this ___ day of _____ 20__.

Notary Public for State of

My Commission expires: _____