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2 **IN THE**  
3 **HO-CHUNK NATION TRIAL COURT**

4  
5 **In the Interest of Ward(s)/**  
6 **Minor Child(ren) or Adult CTF**  
7 **Beneficiary:**

8 \_\_\_\_\_  
9 Name Date of Birth  
10 Tribal ID No. 439A00 \_\_\_\_\_  
11 [Four Numbers]

12 \_\_\_\_\_  
13 Name Date of Birth  
14 Tribal ID No. 439A00 \_\_\_\_\_  
15 [Four Numbers]

16 \_\_\_\_\_  
17 Name Date of Birth  
18 Tribal ID No. 439A00 \_\_\_\_\_  
19 [Four Numbers]

20 v.

21 **Ho-Chunk Nation**  
22 **Office of Tribal Enrollment**

**PETITION FOR RELEASE OF PER  
CAPITA DISTRIBUTION**

Case No.: **CF / IF** \_\_\_\_\_ - \_\_\_\_\_  
[Assigned by the Court]

23 I, \_\_\_\_\_, come before the Ho-Chunk Nation

24 Trial Court on behalf of: (*choose one*)

25  myself, an Adult CTF Beneficiary and Ho-Chunk Tribal Member;<sup>1</sup> OR

26  the above-named minor child(ren)/ward(s) as a: (*please specify*)

27  parent of the minor child(ren) listed above, OR

28  a court-appointed legal guardian of the child(ren)/ward(s) listed above, and I have

attached the required legal documentation to support this statement.

29 \_\_\_\_\_  
30 <sup>1</sup> The CTF monies of an adult beneficiary “shall be held on the same terms and conditions applied during the member-  
beneficiary’s minority.” HO-CHUNK NATION PER CAPITA ORDINANCE, 2 HCC § 12.86(1). References herein to  
“ward/minor child(ren)” shall encompass requests by adult CTF beneficiaries aged eighteen (18) to twenty-five years.  
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My current address is: \_\_\_\_\_  
Address [State physical address after P.O. Box if needed]

\_\_\_\_\_  
City State Zip Code

My telephone number is: (\_\_\_\_) \_\_\_\_\_ |(\_\_\_\_) \_\_\_\_\_  
Home Work [if available]

My fax number is (if any): (\_\_\_\_) \_\_\_\_\_

My email address (if any): \_\_\_\_\_

My social security number: \_\_\_\_\_

My Ho-Chunk Nation tribal enrollment number (if any) is:

Tribal ID No. 439A00 \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
[Four Numbers]

The minor child(ren)/ward(s) presently reside(s) at: *(if different from above)*

\_\_\_\_\_  
Physical address

\_\_\_\_\_  
City State Zip Code

Non-petitioner parent(s) \_\_\_\_\_ reside(s) at:

\_\_\_\_\_  
Physical address

\_\_\_\_\_  
City State Zip Code

The Ho-Chunk Nation tribal enrollment number (if any) of the non-petitioner parent(s) is:

Tribal ID No. 439A00 \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
[Four Numbers]

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**APPLICABLE LAW**

The applicable law governing the petition for release of per capita funds is the HO-CHUNK NATION PER CAPITA DISTRIBUTION ORDINANCE, 2 HCC § 12 (2003). Pursuant to Paragraph 8c of the HO-CHUNK NATION PER CAPITA DISTRIBUTION ORDINANCE, monies held in the Trust Fund of a minor or legally incompetent member may be available for the benefit of a beneficiary’s health, education and welfare when the needs of such person are not met through other Tribal funds or other state or federal public entitlement programs, and upon a finding of special need by the Ho-Chunk Nation Trial Court. By the authority of the HO-CHUNK NATION PER CAPITA DISTRIBUTION ORDINANCE, Paragraph 8c, I provide this written request to the Court for the release and disbursement of funds on behalf of the minor child(ren)/ward(s) listed in this petition. I understand that access to my minor child(ren)/ward(s) trust fund is restricted and swear that this is a last resort in providing for the care and needs of my minor child(ren)/ward(s).

**JURISDICTION & PETITIONER RESPONSIBILITY**

I, as the parent or legal guardian of the minor child(ren)/ward(s) listed above, do hereby, on behalf of the minor child(ren)/ward(s), recognize and consent to the jurisdiction of the Court. I request that the Court enter an *Order* for the release of per capita funds based on this petition satisfying the requirements of the HO-CHUNK NATION PER CAPITA DISTRIBUTION ORDINANCE, Paragraph 8c. I pledge that the funds, if released, will be used for the benefit of the minor or legally incompetent tribal member(s). I understand that as the parent or legal guardian, I shall maintain and produce records sufficient to demonstrate that the funds disbursed were expended as required by the HO-CHUNK NATION PER CAPITA DISTRIBUTION ORDINANCE and any applicable federal law.

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**Below is a set of questions which require a short, plain and explanatory answer in order to determine the merits of your request. Failure to answer each question may result in the return or dismissal of this *Petition*. The petitioner must also include documentation supporting each answer.** Examples of supplemental documentation may include proof of medical insurance, bank accounting statements or invoices, a copy of a court order awarding custody to the petitioner, class schedules, school enrollment, proof and/or verification of disability or chronic medical condition by a physician, estimated household budgets, public assistance checks or vouchers, or denial of services by federal, state or tribal programs, etc.

**Nature of Request:**

Provide the name and contact information of the proposed vendor and a brief statement explaining the requested use of monies released from the Children's/Incompetent's Trust Fund account(s). If seeking funds payable to more than one vendor, please attach additional pages containing the following information for each request.

Amount Requested: \$ \_\_\_\_\_

Vendor Information: \_\_\_\_\_

Name

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Address [State physical address after P.O. Box if needed]

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City State Zip Code

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(      ) (      )

Phone Fax (if applicable)

Goods Purchased/Services Performed: \_\_\_\_\_

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**Education, Health & Welfare:**

The request shall benefit the health, education and/or welfare of the minor child(ren)/ward(s) in the following manner, e.g., the minor child(ren)/ward(s) is/are physically or learning disabled, the minor child(ren)/ward(s) attends school that is insufficient to meet educational goals, the minor child(ren)/ward(s) have/has special needs requiring care above and beyond that of a typical child (attach additional pages, if necessary):

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**Necessity vs. Want or Desire:**

The minor child(ren)/ward(s) need(s) these funds for the following reasons (attach additional pages, if necessary):

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**Financial Hardship:**

I am financially unable to provide, in whole or in part, for the identified needs of the minor child(ren)/ward(s) based upon the following, e.g., unemployment, limited household income, absence of child support or financial contribution of any type from the non-custodial parent(s) (attach additional pages, if necessary):

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**Exhaustion of all other methods of funding:**

Available tribal, state and federal resources and/or entitlements are not sufficient to meet the current needs of the minor child(ren)/ward(s) based upon the following, e.g., denial of education assistance by the HCN Education Department, expulsion from the local public school system, denial of assistance from any HCN program such TERO or Labor, denial of assistance from the HCN Legislature, denial of services from local, county social services programs such as medical care or child care (attach additional pages, if necessary):

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For the reasons stated above, and with the supporting documentation attached, the petitioner requests that the Court enter an *Order* directing the Nation to release funds to the recognized parent or legal guardian of the above named minor child(ren)/ward(s).

NUMBER OF ADDITIONAL PAGES USED: \_\_\_\_\_

**RESPECTFULLY SUBMITTED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
Month Year

Signature: \_\_\_\_\_

Signature of Counsel (if any): \_\_\_\_\_

Address of Counsel: \_\_\_\_\_  
Street address or P.O. Box

\_\_\_\_\_  
City State Zip code

Phone Number of Counsel: (\_\_\_\_\_) \_\_\_\_\_

Fax Number of Counsel: (\_\_\_\_\_) \_\_\_\_\_

Ho-Chunk Bar Number of Counsel: \_\_\_\_\_

If not a member of the Ho-Chunk bar, a  *Motion to Appear Pro Hac Vice* has been attached in accordance with *Ho-Chunk Nation Rules of Civil Procedure*, Rule 16(B),<sup>2</sup> and/or  I have applied for membership in the Ho-Chunk bar in accordance with the *Ho-Chunk Nation Rules for Admission to Practice*.

<sup>2</sup> Parties can obtain a copy of the *Ho-Chunk Nation Rules of Civil Procedure* by contacting the Ho-Chunk Nation Judiciary at (715) 284-2722 or (800) 434-4070 or visiting the judicial website at [www.ho-chunknation.com/?PageID=123](http://www.ho-chunknation.com/?PageID=123).