

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

In the Interest of Minor Child:

Name Date of Birth

PETITION FOR

PERMANENT GUARDIANSHIP

TEMPORARY GUARDIANSHIP

AND/OR

GUARDIANSHIP OF THE PROPERTY

Case No.: _____ - _____ - _____
[Assigned by the Court]

I, _____, request the Court to consider the above *Petition* for *Permanent Guardianship*/ *Temporary Guardianship*/ *Guardianship of the Property* of the above-named minor child.

1. The court may exercise jurisdiction over this case pursuant to the HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.9a(1) based on the following:

a. The minor child is an enrolled member of the Ho-Chunk Nation, Tribal enrollment number 439A00_____;
[Four Numbers]

b. The minor child is eligible for membership in the Ho-Chunk Nation. I believe the minor child has a Ho-Chunk blood quantum of one quarter or more because: _____

_____; OR
(Give explanation why you believe the child is eligible for enrollment. (e.g., a parent possesses at least ½ Ho-Chunk blood quantum)

c. The minor child is not eligible for membership in the Ho-Chunk Nation, but has a parent who is an enrolled member of the Ho-Chunk Nation, another federally recognized American Indian Tribe, or a regional corporation as defined by 43 USC § 1606.

d. The minor child is not Ho-Chunk, but is a member of a federally recognized American Indian Tribe, Alaska Native, or a member of a regional corporation as defined in 43 USC § 1606.

2. The minor child is male/ female. To the best of my knowledge, the minor child was born at the following location: _____
City, State, Country (if other than USA)

Please list any other tribe for which you believe the minor child is eligible for enrollment: _____

3. I am am not an enrolled member of the Ho-Chunk Nation, Tribal enrollment number 439A00 _____. My relationship to the minor child is paternal/ maternal grandparent, aunt, uncle, cousin, brother, or sister.
[Four Numbers] (check one only)

If this is inadequate to describe your relationship to the minor child, please state your relationship in Ho-Chunk terms: _____. My tribal affiliation is: _____. I have no tribal affiliation.

4. The minor child has resided with me since _____, 19____/20____.
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): (____) _____

5. The minor child's legal custodian, if not a parent, is _____.
The legal custodian consents to the Guardianship by sworn affidavit, is deceased, and/or present

whereabouts are unknown. If whereabouts of the legal custodian are known, state the legal custodian's current address in the space provided:

Address (State physical address after P.O. Box if needed)

City State Zip code

() | ()
Home Work (if available)

If the whereabouts of the legal custodian are unknown, list the last known contact you had with the legal custodian, and the person that might know their whereabouts or place where they might be found. The last known contact I had with the legal custodian was _____.

The legal custodian might be contacted through the following person or place: _____
_____.

It is important to include this information as it allows the Court to serve the legal custodian with this *Petition*. If the legal custodian is not served, he/she may later ask the Court to set aside the guardianship if it is granted. If consent to the guardianship is given by sworn affidavit, attach the notarized affidavit to the *Petition*. HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.12f.

6. The minor child's father is _____. The father consents to the Guardianship by sworn affidavit, is deceased, and/or present whereabouts are unknown. If whereabouts of the father are known, state the father's current address in the space provided:

Address (State physical address after P.O. Box if needed)

City State Zip code

() | ()
Home Work (if available)

If the whereabouts of the father are unknown, list the last known contact you had with the father, and the person that might know their whereabouts or place where they might be found. The last known contact I had with the father was _____.

The father might be contacted through the following person or place: _____
_____.

It is important to include this information as it allows the Court to serve the father with this *Petition*. If the father is not served, he may later ask the Court to set aside the guardianship if it is granted. If consent to the guardianship is given by sworn affidavit, attach the notarized affidavit to the *Petition*. HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.12f.

7. The minor child's mother is _____. The mother consents to the Guardianship by sworn affidavit, is deceased, and/or present whereabouts are unknown. If whereabouts of the mother are known, state the mother's current address in the space provided:

Address (State physical address after P.O. Box if needed)

City State Zip code

() | ()
Home Work (if available)

If the whereabouts of the mother are unknown, list the last known contact you had with the mother and the person that might know her whereabouts or place where she might be found. The last known contact I had with the mother was _____.

The mother might be contacted through the following person or place: _____
_____.

It is important to include this information as it allows the Court to serve the mother with this *Petition*. If the mother is not served, she may later ask the Court to set aside the guardianship if it is granted. If consent to the guardianship is given by

sworn affidavit, attach the notarized affidavit to the *Petition*. HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.12f.

8. The following people are willing and able to become an interim successor guardian in the sudden event that I cannot carry out my duties due to revocation, death or incapacitation. (Attach additional pages if necessary)

a. Name: _____

Current Address _____

Phone Number _____

b. Name: _____

Current Address _____

Phone Number _____

c. Name: _____

Current Address _____

Phone Number _____

9. The following is a full description and statement of value, to my best information and belief, of all property owned, possessed, or in which the minor child has an interest. (Attach additional pages if necessary). See HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.10a(2)(g).

11. The following people reside in my home (attach additional pages if necessary):

_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth

REQUEST FOR RELIEF:

In accordance with the best interests of the minor child, I request that the Court consider this *Petition* and arrange a hearing to address my *Petition*. I am requesting that I be given the following guardianship powers (check all powers you are requesting):

- Authority to make medical and dental care decisions.
- Authority to seek child support.
- Authority to consent to marriage, if the child is still a minor.
- Authority to make educational decisions.
- Authority to consent to military service.
- Authority to consent/refuse visitation by relatives. Traditional relatives are permitted liberal

visitation unless it appears unreasonable under the circumstances. *See* HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.17.

Authority to manage the estate of the minor.

Authority to supervise the minor's religious and cultural education.

In addition to the above-enumerated powers, which flow from a grant of legal custody, I also request / do not request physical custody of the minor child.

RESPECTFULLY SUBMITTED this _____ day of _____ 20____.

Petitioner's Name

Petitioner's Address

City, State, Zip Code

Petitioner's Phone Number

Signature of Counsel (if any): _____

Address of Counsel: _____

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),¹ and/or I have applied for membership in the Ho-Chunk bar in accordance with the *Ho-Chunk Nation Rules for Admission to Practice*.

Signature of Petitioner

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____

at _____
City State

Notary Public for _____
State

My commission expires: _____

-OR-

Witnessed by Clerk of Court

Clerk of Court's Signature

¹ 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 [http://www.ho-chunknation.com/UserFiles/Civ%20Pro%20\(08-17-06%20version\).pdf](http://www.ho-chunknation.com/UserFiles/Civ%20Pro%20(08-17-06%20version).pdf).
P:/Pet. for Guardianship (2009)

**HO-CHUNK NATION
AUTHORIZATION FOR RELEASE OF INFORMATION FOR
CONVICTIONS AND/OR PENDING CRIMINAL CHARGES**

NOTE TO PETITIONERS: The Ho-Chunk Nation Trial Court conducts criminal background checks for all guardianship petitioners. A criminal conviction or pending criminal charge may be a factor in the guardianship decision.

Attached is a form entitled “Ho-Chunk Nation Authorization to conduct FBI and State Criminal Background Investigation Court Order – Other,” that must be completed. The information requested is required to conduct a criminal history background check.

THE PETITIONER WILL BE RESPONSIBLE FOR THE COSTS ASSOCIATED WITH THE CRIMINAL BACKGROUND CHECK, WHICH IS \$33.00. THE COURT WILL CONTACT THE PETITIONER IF BACKGROUND CHECKS WILL BE REQUIRED FOR OTHERS LIVING IN THE HOUSEHOLD. IF SO THE PETITIONER WILL BE RESPONSIBLE FOR THE \$33.00 FEE FOR EACH BACKGROUND CHECK REQUIRED. HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.10a (4).

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Ho-Chunk Nation
 Authorization to conduct FBI and State Criminal Background Investigation
 Court Order - Other

**Contact the Ho-Chunk Nation Compliance Division
 to SCHEDULE APPOINTMENT FOR FINGERPRINTING
 at (800) 280-2843 or (715) 284-7570**

REQUESTING BACKGROUND CHECK / RESULTS TO BE RETURN TO:

Requesting Authority	Requestor's Signature	Contact Number	Date
TYPE OF BACKGROUND CHECK REQUESTING:	<input type="checkbox"/> Federal Bureau of Investigation and State of Wisconsin (Processing Fee: Non-Gaming Position - \$39.00, Volunteer - \$33.00) <input type="checkbox"/> State of Wisconsin Name Only (Processing Fee: \$5.00)		

**THE INFORMATION TO BE RELEASED TO THE REQUESTOR AS SPECIFIED ABOVE
 CANNOT BE PASSED ON TO ANY OTHER AGENCY OR INDIVIDUAL**

PERSON TO BE FINGERPRINTED: (Please Print)

Name	Last	First	Full Middle	Other Names Used (maiden, nicknames, name change, etc.)	
Address				Home Phone Number ()	
City			State	Zip	Cell Phone Number ()
Date of Birth (mm/dd/yy)			Place of Birth (State):		Social Security Number
Eye Color	Hair Color	Weight	Height	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race (Check one)	<input type="checkbox"/> African American <input type="checkbox"/> Asian / Pacific Islander		<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> White / Caucasian		Citizenship:

*I hereby authorize the Ho-Chunk Nation, Department of Justice, Compliance Division, the authority to obtain my criminal history records, if any, from the **Federal Bureau of Investigation and the State of Wisconsin.***

I understand that I have a right to obtain a copy of the criminal history records, if any, and of my right to challenge the accuracy and completeness of any information contained in the criminal history record, and to obtain a determination as to the validity of such challenge before final determination regarding employment/association is made by the agency.

Signature	Date
Print Name	Address / Phone

FOR COMPLIANCE USE ONLY

Completed By:	Date
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Statement of Acts

In accordance with HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.12e(1), I submit the answers to the following questions. I understand that if I answer yes to any of the following questions, I am required to provide attachments containing a further explanation.

I understand that failure to provide such a statement, at least ten (10) day prior to the scheduled hearing, or failure to provide truthful answers within the statement, shall subject me to contempt of court, as it will impair the ability of the Court to establish findings of fact, and ultimately interfere with the administration of justice. HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.12e(3).

QUESTIONS: (PLEASE CIRCLE YES OR NO)

1. Are you, or anyone living in your home, currently charged with or been convicted of a crime?

Yes / No

2. Are you, or anyone living in your home, required to register as a sex offender?

Yes / No

3. Have you, or anyone living in your home, had a restraining order or protective order filed against you in the last ten (10) years?

Yes / No

4. Have you, or anyone living in your home, been charged with, arrested for, or convicted of any form of child abuse, neglect, or molestation?

Yes / No

5. Have you, or anyone living in your home, had any reports alleging any form of abuse, neglect, or molestation made against you to any agency charged with protecting children (e.g., WI Child Protective Services, HCN Child and Family Services) or any other law enforcement agency?

Yes / No

6. Have you filed for or received protection under the federal bankruptcy laws?

Yes / No

7. Have you ever had a license, certificate, permit, or registration required by the laws of any state for the practice of a profession or occupation suspended or revoked?

Yes / No

8. Have you ever been removed as a guardian in any other case?

Yes / No

9. Have you, or anyone living in your home, habitually used any illegal substances or abused alcohol?

Yes / No

10. Have you, or anyone living in your home, been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol?

Yes / No

11. Do you, or anyone living in your home, have a social worker, parole officer, or probation officer assigned to you?

Yes / No

12. Are you, or anyone living in your home, receiving services from a psychiatrist, psychologist, or therapist for a mental health-related issue?

Yes / No

13. Do you, or anyone living in your home, suffer from a mental illness?

Yes / No

The preceding answers are true to the best of my knowledge.

Print Name

Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____

at _____
City State

Notary Public for _____
State

My commission expires: _____