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

**In re the Custody of Minor Child(ren):**

**PETITION FOR CUSTODY AND  
PLACEMENT ORDER**

\_\_\_\_\_,

Petitioner,

v.

\_\_\_\_\_,

Respondent.

Case No.: **CPL** \_\_\_\_ - \_\_\_\_  
[assigned by the Court]

Pursuant to the DIVORCE AND CUSTODY ORDINANCE, 4 HCC § 9, and CHILD SUPPORT ENFORCEMENT CODE, 4 HCC § 7, the petitioner requests that the Court issue a custody and placement order. The petitioner accordingly alleges the following facts:

**I. The following information relates to the PETITIONER:**

1. I am the petitioner, I am the  **Father**  **Mother**

**Other:** \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Maiden name (if applicable): \_\_\_\_\_

4. Address: \_\_\_\_\_  
(state physical address also if P.O. Box is listed)

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

5. Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work

6. Facsimile Number (if available): (\_\_\_\_) \_\_\_\_\_

7. Date of Birth: \_\_\_\_\_

8. Social Security Number: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

9. Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

10. I am a member of the Ho-Chunk Nation:  **Yes** or  **No.**

If yes, my enrollment number is: 439A00 \_\_\_\_\_.  
(four numbers)

11. I reside on tribal lands:  **Yes** or  **No.**

**PETITIONER'S INFORMATION**

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**RESPONDENT'S INFORMATION**

**II. The following information relates to the RESPONDENT:**

- 1. Name: \_\_\_\_\_
- 2. Respondent is the:  **Father**  **Mother**  
 **Other:** \_\_\_\_\_
- 3. Maiden name (if applicable): \_\_\_\_\_
- 4. Address (last known): \_\_\_\_\_  
(state physical address also if P.O. Box is listed)  
\_\_\_\_\_  
City State Zip Code
- 4. Phone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Work
- 5. Facsimile Number (if available): \_\_\_\_\_
- 6. Date of Birth: \_\_\_\_\_
- 7. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 8. Occupation: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_
- 9. The respondent is a member of the Ho-Chunk Nation:  **Yes** or  **No.**  
If yes, the respondent's enrollment number is: 439A00 \_\_\_\_\_.  
(four numbers)
- 10. The respondent resides on tribal lands:  **Yes** or  **No.**

**III. The following information relates to the MINOR CHILDREN (attach additional pages if necessary):**

- 1. Name: \_\_\_\_\_
- 2. Date of Birth: \_\_\_\_\_
- 3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 4. The minor child is a member of the Ho-Chunk Nation:  **Yes** or  **No.**  
If yes, the child's enrollment number is: 439A00 \_\_\_\_\_.  
(four numbers)
- 1. Name: \_\_\_\_\_
- 2. Date of Birth: \_\_\_\_\_
- 3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 4. The minor child is a member of the Ho-Chunk Nation:  **Yes** or  **No.**  
If yes, the child's enrollment number is: 439A00 \_\_\_\_\_.  
(four numbers)

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1. Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. The minor child is a member of the Ho-Chunk Nation:  Yes or  No.

If yes, the child's enrollment number is: 439A00 \_\_\_\_\_.  
four numbers)

**IV. JURISDICTION:** By filing this petition, I recognize that I voluntarily submit to the personal and subject matter jurisdiction of the Ho-Chunk Nation Judiciary. The below facts support the assumption of jurisdiction over the petitioner and/or respondent. In particular, the Court may exercise personal jurisdiction over the petitioner and/or respondent due to satisfaction of one or more of the following conditions (check all that apply):

- the petitioner is enrolled or is eligible to be enrolled with the Ho-Chunk Nation
- the respondent is enrolled or is eligible to be enrolled with the Ho-Chunk Nation
- the petitioner or respondent resides on Nation lands with a child who is enrolled or is eligible to be enrolled with the Ho-Chunk Nation

**V. OTHER PROCEEDINGS:**

A. Custody was previously decided in a county court:  Yes  No

\*If yes, attach a certified copy of the custody order from that court.

B. This *Petition for Child Custody* is filed in connection with one of the following Ho-Chunk Nation Trial Court cases:

- 1.  Divorce or Nullification of Marriage; Case Number: \_\_\_\_\_
- 2.  Paternity; Case Number: \_\_\_\_\_
- 3.  Child Support; Case Number: \_\_\_\_\_
- OR
- 4.  This is a standalone Child Custody action.

**VI. PROHIBITED ACTS:** During the pendency of the action, the parties are prohibited from, and may be held in contempt of court for any of the following:

1) harassing, intimidating, physically abusing or imposing any restraint on the person or liberty of the other party or a minor child of either party; or

1           2) Without the consent of the other party or an order of the Court, establishing a residence  
2 with a minor child of the parties outside the state of Wisconsin or more than 150 miles from the  
3 residence of the other party within the state.

4           3) Removing a minor child of the parties from the state of Wisconsin without consent of  
5 custodial parent.

6           **VII. ATTACHMENTS:** The petitioner must attach any written agreement between the  
7 parties as to legal custody and physical placement of the children. The document must be notarized.

8  
9           NUMBER OF ADDITIONAL PAGES USED: \_\_\_\_\_

10  
11           By affixing my signature below, I swear that I have provided the above information in good  
12 faith and with the belief that each statement represents a true and accurate account of the facts  
13 based upon adequate research and investigation. I recognize that the Ho-Chunk Nation Judiciary  
14 may impose sanctions if it determines that I have made statements in bad faith, including  
15 intentional misstatements or statements made upon inadequate research or investigation. I also  
16 recognize that the foregoing admonition extends to include the omission of material facts or law,  
17 which I knew, or should have reasonably known, would impact or prove relevant to the action.

18           I file this petition of my own free will and absent threats, intimidation or coercion of any  
19 kind. I understand that any decision reached by the Ho-Chunk Nation Trial Court is binding and  
20 that if I disagree with the findings or conclusions or remedies of the Trial Court, I may file an  
21 appeal with the Ho-Chunk Nation Supreme Court. I further acknowledge that since I am  
22 submitting myself to the jurisdiction of the Ho-Chunk Nation Judiciary, I am subject to its  
23 determinations, including those relating to contempt of court.

1 **RESPECTFULLY SUBMITTED BY PETITIONER,**

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

3 Date: \_\_\_\_\_, 20 \_\_\_\_\_

4 **SUBSCRIBED AND SWORN TO** before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
5 at \_\_\_\_\_ .  
6 City State

7 \_\_\_\_\_  
8 Notary Public for \_\_\_\_\_  
State

9 My commission expires: \_\_\_\_\_

10  
11 Signature of petitioner's counsel (if any): \_\_\_\_\_

12 Name of petitioner's counsel: \_\_\_\_\_

13 Mailing address of counsel: \_\_\_\_\_

14 \_\_\_\_\_  
15 E-mail address of counsel: \_\_\_\_\_

16 Telephone number of counsel: \_\_\_\_\_

17 Ho-Chunk Bar number of counsel: \_\_\_\_\_

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

1 **RESPECTFULLY SUBMITTED BY RESPONDENT,**

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

3 Date: \_\_\_\_\_, 20 \_\_\_\_\_

4 **SUBSCRIBED AND SWORN TO** before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

5 at \_\_\_\_\_ .  
6 City State

7 \_\_\_\_\_  
8 Notary Public for \_\_\_\_\_  
9 State

My commission expires: \_\_\_\_\_

10  
11  
12 Signature of respondent's counsel (if any): \_\_\_\_\_

13 Name of respondent's counsel: \_\_\_\_\_

14 Mailing address of counsel: \_\_\_\_\_

15 \_\_\_\_\_

16 E-mail address of counsel: \_\_\_\_\_

17 Telephone number of counsel: \_\_\_\_\_

18 Ho-Chunk Bar number of counsel: \_\_\_\_\_

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

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**HO-CHUNK NATION TRIAL COURT**

For Official Use

\_\_\_\_\_  
 First name Middle name Last name

Petitioner/Joint Petitioner,

**Proposed Parenting Plan**

and

Case No. \_\_\_\_\_

\_\_\_\_\_  
 First name Middle name Last name

Respondent/Joint Petitioner.

**I understand that under Ho-Chunk law, the parties are encouraged to cooperate and agree regarding the fulfillment of their duties to their children.**

- The Court may approve any agreement between the parties as to the legal custody and physical placement and care of minor children if deemed by the Court to be in the best interests of the children. HCN CHILD SUPPORT CODE 4 HCC § 7.
- The parties may file a proposed parenting plan to assist the court with child support and custody. HCN CHILD SUPPORT CODE 4 HCC § 7.26.a.iii.
- In divorce, the Court may approve any agreement between the parties as to the legal custody and physical placement and care of minor children if deemed by the Court to be in the best interests of the children. HCN DIVORCE AND CUSTODY ORDINANCE, 4 HCC § 9.8.a.(2).

**PROPOSED PARENTING PLAN:**

**A. Legal Custody** - the right and responsibility to make major decisions concerning the child, except with respect to specific decisions as set forth by the court or the parties in the final judgment.

1. **Legal custody** of the minor children shall be as follows:

Name of Child	Date of Birth	Joint Legal Custody	Sole Legal Custody to Petitioner	Sole Legal Custody to Respondent
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Specific Decision Making Authority**

Decisions in the following listed areas will be made as follows:

Decision	Jointly	By Petitioner	By Respondent
a. Non-Emergency Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Education/School Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child Care Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-School Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. Physical Placement**

In allocating the time the minor children spend between the parents, the court should award the placement on a day-to-day basis as follows:

Name of Child	Equal Shared Placement	Primary Physical Placement to Petitioner	Primary Physical Placement to Respondent
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AND the physical placement schedule shall be:

- a.  as listed in the attached document.
- b.  as proposed below (on a biweekly basis):

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Week 1							
Week 2							

**C. Child Care**

- 1.  The children do not require child care.
- 2.  The child care will be provided by \_\_\_\_\_

**And** the cost of child care will be paid as follows:

- a. The petitioner to pay \_\_\_\_%.
- b. The respondent to pay \_\_\_\_%.



**D. Summer and Holiday Placement Schedule:** The summer and holiday placement schedule should be as follows:

1.  According to the attached \_\_\_\_\_ County standard placement schedule.
2.  See attached
3.  as proposed here:

HOLIDAYS	With Petitioner the following years			With Respondent the following years		
	Every Year	Even years	Odd years	Every year	Even years	Odd Years
a. Mother's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Memorial Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Father's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. July 4 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Labor Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Christmas Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Christmas Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. New Year's Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. New Year's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Religious Holiday _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Religious Holiday _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Father's Birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Mother's Birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Children's Birthday(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. School Spring Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. School Teacher Conventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Summer Break to be shared as follows: _____						

**E. Child Support - Note:** If the proposal is different from the state guidelines, the reason why it is different must be given.

The noncustodial parent shall be responsible for child support as follows:

1.  as required by the state support guidelines.
2.  according to the *attached* proposal.

**F. Transportation Issues**

1. The physical transfer of the children for placement should be as follows:
  - a.  All transportation to and from placements will be provided by the petitioner.
  - b.  All transportation to and from placements will be provided by the respondent.
  - c.  Transportation will be shared with:
    1.  parent with children shall deliver.
    2.  parent without children shall pick up.
  - d.  Other: \_\_\_\_\_
2. Transfers of children shall take place at:
  - a.  parent's home.
  - b.  halfway point: \_\_\_\_\_
  - c.  other location: \_\_\_\_\_
  - d.  Inter-spousal battery/domestic violence is an issue in this relationship and in order to ensure the safety of the children and/or parent, transfers of the children between the parents shall be:
    1.  supervised by \_\_\_\_\_
    2.  at a neutral public site \_\_\_\_\_
    3.  at a home of the following person \_\_\_\_\_
    4.  Other: \_\_\_\_\_
3. Transfers of children shall take place at:
  - a.  paid by party who incurs the costs.
  - b.  paid as follows: \_\_\_\_\_

**G. School**

1. The children will attend school at:

Name of Child	School/ School District
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Education costs will be paid as follows:
  - a. The petitioner to pay \_\_\_\_\_%.
  - b. The respondent to pay \_\_\_\_\_%.

**H. Residence**

**1. Current**

a. The petitioner resides at:

Address \_\_\_\_\_

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

This is on Ho-Chunk Nation trust land.

This is not on Ho-Chunk Nation trust lands.

This is an inter-spousal battery/domestic violence case; I decline to give a specific address, but my general location is currently \_\_\_\_\_.

b. The respondent/joint petitioner currently resides at:

Address \_\_\_\_\_

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

This is on Ho-Chunk Nation trust land.

This is not on Ho-Chunk Nation trust lands.

This is an inter-spousal battery/domestic violence case; I decline to give a specific address, but my general location is currently \_\_\_\_\_.

**I. Current Employer**

1. The petitioner is currently employed at:

Employer \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Days/Hrs. \_\_\_\_\_

This is an inter-spousal battery/domestic violence case; I decline to give my specific employment, but where I generally work is \_\_\_\_\_.

2. The respondent/joint petitioner is currently employed at:

Employer \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Days/Hrs. \_\_\_\_\_

This is an inter-spousal battery/domestic violence case; I decline to give my specific employment, but where I generally work is \_\_\_\_\_.

**J. Health Care**

1. **Providers:** Healthcare services will be provided to the children by the following:

Doctors/Pediatrician/Clinic

---

Eye/Optometrlist \_\_\_\_\_

Dentist/Orthodontist \_\_\_\_\_

Insurance/Health Plan (if any) \_\_\_\_\_

Other: \_\_\_\_\_

**2. Expenses**

a. Healthcare Insurance for the minor children shall be:

- 1.  paid by the petitioner
- 2.  paid by the respondent/joint petitioner
- 3.  shared equally by both of us.
- 4.  paid as follows: \_\_\_\_\_
- 5.  **See attached plan.**

b. Uninsured healthcare expenses shall be:

- 1.  paid by petitioner
- 2.  paid by the other respondent/joint petitioner
- 3.  shared equally by both of us.
- 4.  paid as follows: \_\_\_\_\_
- 5.  **See attached plan.**

**K. Upbringing**

1.  The minor children will be raised in the following way:

- a.  Traditional
- b.  Religious
- c.  Native American Church
- d.  No religious affiliation is planned.
- e.  Other \_\_\_\_\_

**L. Maintaining Contact with Other Parent**

I shall assist the children in maintaining contact with the other parent by:

- 1.  direct contact through periods of placement.
- 2.  telephone contact.
- 3.  cards/letters.
- 4.  e-mail.
- 5.  providing copies of children's school projects.

6.  providing photographs of children participating in activities.
7.  assisting children with gift purchasing for other parent for birthdays and holidays.
8.  assisting children with letter writing to other parent.
9.  creating personal web-site for posting pictures, letters, information, comments.
10.  Other: \_\_\_\_\_

*(Note: Each parent is expected to take personal responsibility for contacting the schools to obtain school calendars and report cards and attending parent-teacher meetings.)*

**M. Resolving Disagreements**

If there are disagreements between the parents on issues that are to be joint decisions, the way to resolve the disagreements will be:

1.  the parent who has primary physical placement will decide.
2.  the parent who has physical placement at the time of the disagreement will decide.
3.  to allow the parent who generally made this type of decision before these court proceedings were started to make the same type of decision in the future.
4.  to review the issues from the other parent's or children's standpoint and reconsider my position.
5.  to determine whether my opposition is in good faith and in the best interests of the children or whether it is an attempt to spite the other parent, if it is not in good faith or the best interests, reconsider my position.
6.  to determine whether this is a situation in which the children is/are attempting to manipulate one parent against the other; if it appears to be manipulative, attempt to consult with the other parent to prevent the children from trapping us in this position.
7.  to ask for assistance from friends, relatives, clergy, or others who can be neutral and fair.
8.  I would suggest the following person(s) to serve as a third-party neutral(s):  
\_\_\_\_\_
9.  to contact the tribal court regarding options for mediation.
10.  Other: \_\_\_\_\_

Parties may each submit a separate parenting plan. In that instance they must provide a certificate of service for all parties and the court.

To the extent that parties agree to submit one parenting plan, it should be notarized and filed with the court.

This is an individually filed plan.

**OR**

This plan is jointly filed as noted by the below information.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent/Joint Petitioner

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

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

**STATEMENT OF INCOME, ASSETS, DEBTS  
AND LIVING EXPENSES**

Case No(s):    \_\_\_ \_\_\_ - \_\_\_  
                      \_\_\_ \_\_\_ - \_\_\_  
                      \_\_\_ \_\_\_ - \_\_\_  
                      \_\_\_ \_\_\_ - \_\_\_

**Under penalty of perjury, I state that the following information on this financial statement is true, accurate and complete to the best of my knowledge:**

<b>Name of Person Completing Form (please print):</b> _____	<b>I am completing this form as a:</b>  <input type="checkbox"/> Parent, child, or guardian seeking legal representation pursuant to the HOCAK NATION CHILDREN AND FAMILY ACT, 4 HCC § 3.24c.  <input type="checkbox"/> Parent or guardian required to reimburse the Ho-Chunk Nation for child placement assistance or pay child support to an appointed guardian pursuant to the HOCAK NATION CHILDREN AND FAMILY ACT, 4 HCC § 3.81, 3.114 .  <input type="checkbox"/> Spouse subject to a divorce proceedings in which either party seeks a division of assets and debts or spousal maintenance. DIVORCE AND CUSTODY ORDINANCE, 4 HCC § 9.8c-d.  <input type="checkbox"/> Parent, guardian, or adult beneficiary requesting the release of Children’s/Incompetent’s Trust Fund (CTF/ITF) monies. PER CAPITA DISTRIBUTION ORDINANCE, 2 HCC § 12.8c.  <input type="checkbox"/> Debtor seeking to establish civil garnishment exemption pursuant to WIS. STAT. § 812.34(b)-(c).  <input type="checkbox"/> Other: _____
<b>Number of Household Members:</b>  ___ Adults    ___ Children	
<b>Employer Information (please print):</b>  _____ Name  _____ Address  _____ City                                  State    Zip Code  _____ (_____) Telephone Number	

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<b>STATEMENT OF MONTHLY HOUSEHOLD INCOME</b> (if there are insufficient columns for all household members, attach additional schedules)			
Salary and wages (if weekly or biweekly, compute as a monthly figure.)			
Other income (Pensions, retirement, social security, disability, worker's compensation, public assistance)			
Child Support and /or maintenance from prior spouse			
Dividends, interest, rents, bonuses			
Per Capita Payments or Distributions			
Other:			
<b>Total Monthly Income</b>			
Itemized <b>mandatory monthly</b> deductions (Do not include savings or credit union deductions not required by law)			
Federal and state income taxes, social security, Medicare			
Union or other dues			
Retirement and pension funds			
Other mandatory monthly deductions			
<b>Total Mandatory Monthly Deductions</b>			
<b>Net Monthly Income</b>			
<b>STATEMENT OF ASSETS</b>			
<b>Asset</b>	<b>Description</b>	<b>Fair Market / Cash Value</b>	
Real Estate (List kind of property and location)			
Other real estate (List kind of property and location)			
Vehicle (Give year and make)			
Other Vehicles (Give year and make)			
Checking account (Give name of financial institution)			
Savings account (Give name of financial institution)			
IRA/Pension/Profit Sharing			
Life Insurance with cash value			
Stocks/Bonds/Certificates of Deposit			
Other assets valued over \$200			
		<b>Total Value of Assets</b>	
<b>LONG TERM DEBTS AND MONTHLY EXPENSES</b>			
<b>Long Term/Installment Debts</b>	<b>Creditor Name</b>	<b>Balance Owed</b>	<b>Monthly Payment</b>
Mortgage Payment (Include property taxes and insurance if included in payment)			
Credit Cards			
Automobile Loans			
Other			
Other			
<b>Total Owed</b>			



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<b>Other Monthly Debts/Expenses</b>		
Rent (Do not duplicate mortgage payment above.)		
Repairs/maintenance on home		
Food		
Electricity/water/heat		
Telephone		
Laundry and dry cleaning		
Child support (paid for children not in your home)		
Maintenance (paid to an ex-spouse)		
Clothing and shoes		
Health insurance premiums		
Medical/dental/drug expenses not covered by insurance		
Life insurance premiums		
Other insurance premiums (specify):		
Child care		
Cable TV		
Transportation costs (oil/gas/commuting)		
School		
Entertainment/incidentals/newspapers/books/periodicals		
Hobbies		
Other:		
Other:		
Other:		
<b>Total Monthly Payments</b>		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

at \_\_\_\_\_  
City State

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
State

My commission expires: \_\_\_\_\_