

**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.: JV \_\_\_\_ - \_\_\_\_\_  
[Assigned by the Court]

I, \_\_\_\_\_, request that the Court 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 HOCĀK 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 Ho-Chunk Nation membership. I believe the minor  
child has a Ho-Chunk blood quantum of one quarter or more because: \_\_\_\_\_

\_\_\_\_\_  
(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; or

d.  The minor child is not Ho-Chunk but is a member of a federally recognized American Indian Tribe, Alaska Native or 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: \_\_\_\_\_, or  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. Please attach the notarized affidavit to the *Petition*. HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.12f.

The legal custodian is deceased.

Please state the legal guardian's current or last known address in the space provided. Failure to provide a last known address will result in the Court returning this *Petition* as deficient.

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

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

( ) | ( )  
Home Work (if available)

6. The minor child's mother is \_\_\_\_\_.

The mother consents to the guardianship by sworn affidavit. Please attach the notarized affidavit to the *Petition*. HOCAK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.12f.

The mother is deceased.

Please state the mother's current or last known address in the space provided. Failure to provide a last known address will result in the Court returning this *Petition* as deficient.

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

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

( ) | ( )  
Home Work (if available)

7. The minor child's father is \_\_\_\_\_.

The father's identity is unknown. The petitioner is required to attach a notarized, sworn affidavit attesting to the unknown identity of the father.

The father consents to the guardianship by sworn affidavit. Please attach the notarized affidavit to the *Petition*. HOCÁK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.12f.

The father is deceased.

Please state the father's current or last known address in the space provided. If the father's identity is known, failure to provide a last known address will result in the Court returning this *Petition* as deficient.

_____		
Address (State physical address after P.O. Box if needed)		
_____		
City	State	Zip code
( )	( )	
Home	Work (if available)	

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 \_\_\_\_\_



10. 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).

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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 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 manage the estate of the minor.
- Authority to supervise the minor’s religious and cultural education.
- Authority to consent/refuse visitation by relatives. Traditional relatives are permitted liberal

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

- I also 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),<sup>1</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*.

\_\_\_\_\_  
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

\_\_\_\_\_  
<sup>1</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 [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).  
*Pet. for Guardianship* (2018)



## 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: \_\_\_\_\_

**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 PETITONER WILL BE RESPONSIBLE FOR THE COSTS ASSOCIATED WITH THE CRIMINAL BACKGROUND CHECK, WHICH IS \$39.00. 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 \$39.00 FEE FOR EACH BACKGROUND CHECK REQUIRED. HOCÅK NATION THIRD PARTY GUARDIANSHIP ACT, 4 HCC § 11.10a (4).**



**Ho-Chunk Nation**  
**Authorization to conduct FBI and State Criminal Background Investigation**  
**Non-Gaming Position / Volunteer**

**To SCHEDULE APPOINTMENT FOR FINGERPRINTING**

**Contact a Ho-Chunk Nation Compliance Division Office at a HCN Gaming facility nearest you.**  
**Facilities with printing capabilities are in Black River Falls, Wisconsin Dells, Madison or Wittenberg**  
**Proved the COMPLETED-Original form to the Agent at the time of printing – prints will not be taken if there is not an authorized signature from the department head.**

**DEPARTMENT REQUESTING BACKGROUND CHECK / RESULTS TO BE RETURN TO: (Please Print)**

Requesting Department	Requestor's Signature	Contact Number	Date
Department Head	Authorized Signature	Contact Number	Date

TYPE OF BACKGROUND CHECK REQUESTING:	<input checked="" type="checkbox"/> <b>Federal Bureau of Investigation and State of Wisconsin</b> (Fee: <b>Non-Gaming Position - \$39.00</b> , Volunteer - \$33.00) <input type="checkbox"/> <b>IBIS Letter</b> (additional \$10.00 fee for this service)
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**THE INFORMATION TO BE RELEASED TO THE REQUESTOR AS SPECIFIED ABOVE CANNOT BE PASSED ON TO ANY OTHER AGENCY OR INDIVIDUAL**

*Results will be mailed Inter-Office Mail to the requesting department unless otherwise arranged*

**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	
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"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <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.*

Employee/ Volunteer Signature

Date

Job Title / Volunteer Position

Department

**FOR COMPLIANCE USE ONLY**

Completed By:

Date