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

4 **In the Interest of Ward:**

5 _____
Name Date of Birth

GUARDIANSHIP INVENTORY

6
7
8 Tribal ID No. 439A00 ____ - ____
9 [Four Numbers]

Case No(s): GU ____ - ____

10
11 **Under penalty of perjury, I state that the following information on this financial statement is**
12 **true, accurate and complete to the best of my knowledge:**

13
14 In accordance with the HOCAK NATION ADULT GUARDIANSHIP AND SPENDTHRIFT ORDINANCE, 4 HCC
15 § 14.19(a), I, _____, submit the following information as the appointed
16 guardian of the estate of the ward.
Print Name

17 As guardian, I certify that:

- 18 1. This inventory is true of all property which belongs to the estate or ward, which has come
19 to my possession or knowledge.
20 2. Upon diligent inquiry, I have not been able to discover any other property or interest
belonging to the estate or ward which is not included therein.

21 I have attached a copy of the ward's credit report to this document.

22
23

24 STATEMENT OF MONTHLY INCOME	
25 Salary and wages (if weekly or biweekly, compute as a monthly figure.)	
26 Other income (Pensions, retirement, social security, disability, worker's compensation, public assistance)	
27 Child Support and /or maintenance from prior spouse	

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Dividends, interest, rents, bonuses			
Per Capita Payments or Distributions			
Other:			
Total Monthly Income			
Itemized mandatory monthly 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			
Total Mandatory Monthly Deductions			
Net Monthly Income			
STATEMENT OF ASSETS			
Asset	Description	Fair Market / Cash Value	
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)			
Trust 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			
	Total Value of Assets		
LONG TERM DEBTS AND MONTHLY EXPENSES			
Long Term/Installment Debts	Creditor Name	Balance Owed	Monthly Payment
Mortgage Payment (Include property taxes and insurance if included in payment)			
Credit Cards			
Automobile Loans			
Other			
Other			
	Total Owed		

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Signature

Date Signed

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____
at _____
City State

Notary Public for _____
State

My commission expires: _____

Name of Attorney

Address

Telephone Number

Bar Number