

Petitioner's Packet



Adult Guardianship

Contents:

- 1) Statement of Address
- 2) Petition for stiř alik^w (Guardianship)

**IN THE COURTS OF THE PUYALLUP TRIBE OF INDIANS
FOR THE PUYALLUP INDIAN RESERVATION
TACOMA, WASHINGTON**

In re:

Child(ren) or Vulnerable Tribal Adult Name(s)

DOB(s)

=====

_____,
Plaintiff(s)/Petitioner(s),

v.

_____,
Defendant(s)/Respondent(s).

Case No. _____

STATEMENT OF ADDRESS

COMES NOW _____ and, in this matter, I am (we are) the

Full Name(s)

Plaintiff(s)/Petitioner(s) Defendant(s)/Respondent(s) _____.

Party Type

1. Court Record.

For genuine safety concerns, I request my home address and contact information be confidential from the other party(ies) and/or the public to protect my and/or my child(ren)'s or ward's health, safety, or liberty. By checking this box I understand that my address will not become part of the Court record, but will be for Court use only.

My address is not confidential. By checking this box I understand that my address will become part of the Court record and that other parties and individuals involved will have access to my address and contact information.

2. The address where I agree to accept legal papers for this matter is:

Street Address or P.O. Box

City

State

Zip Code

3. (Optional) I also agree to accept legal papers for this matter at the following email address: _____

4. My contact phone number(s) is(are) (*check preferred*):

_____ _____ _____

Home Phone

Cell Phone

Work Phone

Co-Party: _____ _____ _____

(if any)

Home Phone

Cell Phone

Work Phone

Case No. _____

STATEMENT OF ADDRESS

5. I understand that it is my responsibility to inform the Court of any address or contact information changes while this case is open. I understand that if my address or contact information changes, then I must submit to this Court a new *Statement of Address* form with accompanying proof of service to all parties (*if applicable*).

I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and attachments are true and correct to the best of my knowledge and belief.

Signature

Date

Print Name

Signature Co-Party (if applicable)

Date

Print Name Co-Party (if applicable)

**IN THE COURT FOR THE PUYALLUP TRIBE OF INDIANS
FOR THE PUYALLUP INDIAN RESERVATION
TACOMA, WASHINGTON**

In re the matter of:

_____,
Name of Vulnerable Adult

DOB: _____
Vulnerable Tribal Adult.

_____,
Petitioner.

Case No. _____

**PETITION FOR stiḵalik^w
(GUARDIANSHIP)**

- Limited (Specific reason)
- Full (Person AND Property)
- Full Person OR Property
- Temporary stiḵalik^w (guardianship) order requested*

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

Comes now, _____, the above-named Petitioner, on behalf of the above-cited Vulnerable Tribal Adult, who is unable to manage all or some of his or her own affairs.

Petitioner also requests an order granting temporary stiḵalik^w (guardianship) over the Vulnerable Tribal Adult pending the outcome of this petition. Petitioner understands such order may be issued only after a hearing.

1. Name of Vulnerable Tribal Adult: _____
2. Birth date: _____
3. Puyallup Tribal Enrollment number: _____
4. Address of Vulnerable Tribal Adult's home: _____

Address where Vulnerable Tribal Adult resides (if no longer at home): _____

5. List the Vulnerable Adults Government-Issued Identification to be presented to the Court:

- Tribal Identification State Identification Driver's License
- Passport Other: _____

6. Petitioner's name: _____

Birth date: _____

Tribal affiliation and Tribal Enrollment number: _____

Relationship to Vulnerable Tribal Adult: _____

Proof of Identification – must be a picture identification issued by a government agency:

- Tribal Identification State Identification Driver's License
 Passport Other: _____

7. Description of physical problems, mental problems, or limitation that make Vulnerable Tribal Adult unable to manage his or her own affairs (attach additional sheet, if necessary):

Physical Problems: _____

Mental Problems: _____

Medical Problems: _____

Other Limitations: _____

8. Puyallup Tribal law requires a doctor's report or letter stating the Vulnerable Tribal Adult is not presently able to handle his or her financial and personal affairs and the anticipated duration of the incapacity. The required report or letter is attached.

The required report or letter is not attached. Petitioner understands that his/her petition will be delayed until the report or letter is provided to the Court.

9. Has the Vulnerable Tribal Adult granted a power of attorney? Yes No

If "yes", who is the attorney-in-fact? _____

10. Does the Vulnerable Tribal Adult have the appointment of a representative payee through the Puyallup Tribe? Yes No

If "yes", who is the representative payee? _____

11. Has a limited or full stiḵalik^w (guardianship) been appointed for the Vulnerable Tribal Adult in any other Tribal or state court? Yes No

12. Is there any information regarding any prior judicial finding of incapacity? Yes No

If "yes", where is the information available? _____

13. If a stiḵalik^w (guardianship) over the Vulnerable Tribal Adult's person is proposed, describe the powers the dx^wtiḵalik^w (guardian) seeks to exercise (attach additional sheet, if necessary):

Case No. _____

PETITION FOR Stiḵalik^w (GUARDIANSHIP)

Care (Food, Clothing, Daily Health Needs, Shelter): Yes No

Custody (where the Vulnerable Tribal Adult lives): Yes No

Control (decisions on behalf of the Vulnerable Tribal Adult Yes No

Medical, Mental Health and Dental Authorizations: Yes No

Pursue legal action on behalf of the Vulnerable Tribal Adult: Yes No

Other decisions: (describe) _____

If "yes" to any of the above but only as to certain issues (such housing, medical, etc.) describe: _____

14. If a stiḡalik^w (guardianship) is requested, generally describe all real property (land or buildings) owned in whole or in part by the Vulnerable Tribal Adult, and whether it is in trust or non-trust (attach additional sheet, if necessary): _____

15. If the petition is for or includes a stiḡalik^w (guardianship) over any or all of the financial affairs and/or personal property of the Vulnerable Tribal Adult, describe all income, other financial resources, and personal property of the Vulnerable Tribal Adult (attach additional sheet, if necessary).

The Vulnerable Tribal Adult receives the following Puyallup Tribal Benefits:

The Vulnerable Tribal Adult receives other government benefits:

SSDI/SSA Medicaid SSI Medicare
 VA Pension TANF L&I Benefits HUD
 Food Stamps Other (describe): _____

The Vulnerable Tribal Adult has the following financial accounts:

Checking Savings Retirement Credit Card
 Loans Individual Indian Money (IIM) Other (describe): _____

The Vulnerable Tribal Adult has the following personal property: _____

16. Names, addresses, and relationships of those significantly involved in the care of the Vulnerable Tribal Adult over the past three (3) years and whether they are still in contact with the Vulnerable Tribal Adult (attached additional sheets if necessary):

Name	Relationship	Last Known Address	Last Known Phone Number	Still in contact?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

17. The requested length of time for which Petitioner is requesting the stiḵalik^w (guardianship):

- Less than 6 months
 Up to one (1) year
 More than one (1) year
 Other: _____

18. In your own words, why should you be appointed the dx^wtiḵalik^w (guardian)? _____

Date submitted: _____

Submitted by:

Petitioner's Printed Name

Mailing Address: _____

Physical Address: _____

Phone: _____

Email: _____

(Signature is on the next page)

****PETITIONER: DO NOT SIGN BEFORE BEING INSTRUCTED TO DO SO BY A NOTARY PUBLIC OR THE COURT CLERK****

WAIVED

VERIFICATION

I declare under penalty of perjury under the laws of the Puyallup Tribe of Indians and the State of Washington that the foregoing statement and all attachments are true and correct to the best of my knowledge and belief.

Petitioner's Signature

Date

(If any) Co-Petitioner's Signature

Date

SUBSCRIBED AND SWORN/AFFIRMED to before me this _____ day of _____, 20____ by _____
Petitioner(s) Printed Name(s)

State of Washington
County of _____.

- _____
 PUYALLUP TRIBAL CLERK
 NOTARY PUBLIC _____ State of Washington.

WAIVED

My commission expires _____

WAIVED

PLEASE TAKE NOTICE: Notary requirements are waived until further notice. Please sign and date this form without a Notary.