

Petitioner's Packet



Adult Guardianship

Contents:

- 1) Statement of Address
- 2) Petition for stižalik^w (Guardianship)
- 3) Proof of Service
- 4) Request for Court Clerk Service

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

In re:

_____ *Full Name(s) of minor child(ren) or vulnerable Tribal adult*

_____ *DOB(s) of minor child(ren) or vulnerable Tribal adult*

_____ Plaintiff(s)/Petitioner(s),

v.

_____ Defendant(s)/Respondent(s).

Case No(s). _____

STATEMENT OF ADDRESS

INSTRUCTIONS:

You must file a Statement of Address for each case you are a party to.

- If you are a party to multiple cases *with the same other parties*, then you may list all case numbers in the caption above.
- If you are a party to multiple cases *with different other parties*, then you must file a separate Statement of Address in each case.
- If it is your intent to update your address for all pending matters that you are a party to, then please contact the Court to ensure your Statement of Address is complete for this purpose.

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.

Case No. _____

STATEMENT OF ADDRESS

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

Cell

Work

Co-Party: _____ _____ _____

(if any)

Home

Cell

Work

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 any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.

Party Signature

Date

/s/

Print Name – Party Electronic Signature

Attorney/Advocate Bar No. (if applicable)

Co-Party Signature (if any)

Date

/s/

Print Name – Party Electronic Signature

Attorney/Advocate Bar No. (if applicable)

Case No. _____

STATEMENT OF ADDRESS

Page 2 of 2

**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 *stiḥalik*^w
(GUARDIANSHIP)**

- Limited (Specific reason)
- Full (Person AND Property)
- Full Person OR Property
- Temporary stiḥalik*^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 *stiḥalik*^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 stiḡalik^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 stiḡalik^w (guardianship) over the Vulnerable Tribal Adult's person is proposed, describe the powers the dx^wtiḡalik^w (guardian) seeks to exercise (attach additional sheet, if necessary):

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 stiḡalik^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^wtiḡalik^w (guardian)? _____

Date submitted: _____

Submitted by:

Petitioner's Printed Name

Mailing Address: _____

Physical Address: _____

Phone: _____

Email: _____

(Signature is on the next page)

**** DO NOT SIGN UNLESS DIRECTED TO DO SO BY THE NOTARY PUBLIC ****

WAIVED

I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.

Party Signature

Attorney/Advocate Bar No. (if applicable)

/s/

Print Name – Party Electronic Signature

Date

Signed and sworn to before me on _____, by _____.

Date

Affiant

Notary _____

Notary Public in _____

State of: _____

County of: _____

My commission expires: _____

Affix stamp or seal

WAIVED

Co-Party Signature (if any)

Attorney/Advocate Bar No. (if applicable)

/s/

Print Name – Party Electronic Signature

Date

Signed and sworn to before me on _____, by _____.

Date

Affiant

Notary _____

Notary Public in _____ the

State of: _____

County of: _____

My commission expires: _____

Affix stamp or seal

WAIVED

WAIVED

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

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

In re:

DOB(s): _____

Case No. _____

PROOF OF SERVICE

Plaintiff(s)/Petitioner(s),

v.

Defendant(s)/Respondent(s).

1. I, _____, certify that I am 18 years of age or older.
Name
2. I am not a party to this case a party to this case. (*Summons, notice of hearing, and petitions must be served by someone who is not a party to the case.*)
3. I served Plaintiff(s)/Petitioner(s), Defendant(s)/Respondent(s), Other: _____
a true copy of the following document(s): Petition Notice of Hearing Summons
 Motion Other: _____.
4. I served said document(s) by:
 personally delivering to _____ on _____
Name *Date*
at _____, at _____.
Street Address, City, State, Zip Code *Time*
 mailing to _____,
Street Address or P.O. Box, City, State, Zip Code
via first class mail certified mail, return receipt requested other: _____.
 emailing to _____.
Email Address

I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.

Date: _____

Signature: _____

Printed Name: /s/ _____

(Party Electronic Signature)

Attorney/Advocate Bar No. (if applicable): _____

Case No. _____

PROOF OF SERVICE

Page 1 of 1

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

In re:

_____,
Name(s) of Minor Child(ren) or Vulnerable Tribal Adult

DOB(s)

=====

_____,
_____,

Plaintiff(s)/Petitioner(s),

v.

_____,

Defendant(s)/Respondent(s).

Case No. PUY-CV-_____

**REQUEST FOR COURT CLERK TO
EFFECT SERVICE OF PROCESS BY
CERTIFIED MAIL**

NOTICE TO PLAINTIFF(S)/PETITIONER(S)

1. Plaintiff(s)/Petitioner(s) may use this form when: (1) you are filing a new or amended civil complaint/petition with this Court and (2) you want the Court Clerk to effect service of process on the other party(ies) by certified mail/return receipt.
2. Note: The Court Clerk cannot complete service of process by personal service on your behalf; personal service on the other party(ies) is your responsibility to arrange to be accomplished in accordance with Puyallup Tribal Civil Procedures Code § 4.08.100(a).
3. For the Court Clerk to fulfill your request, you must provide the name and mailing address of the other party(ies) where the certified mail will be directed. If you do not or cannot provide a mailing address for the other party(ies) at the time of filing, then the Court Clerk must reject your request.
4. COVID-19 Delays Service: In light of the COVID-19 pandemic, the Court has found that service of process by certified mail/return receipt may take sixty days or more to be accomplished. As a result, the Court must schedule hearings at least sixty days out to fulfill your request.

COMES NOW, Plaintiff(s)/Petitioner(s) and requests the Clerk of the Court to effect service of process on Defendant(s)/Respondent(s) by certified mail, return receipt requested, in accordance with Puyallup Tribal Civil Procedures Code § 4.08.100(b).

The Defendant(s)/Respondent(s) last known mailing address(es) is(are):

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

IF THE CERTIFIED MAIL IS RETURNED AS “UNDELIVERABLE,” “UNCLAIMED,” OR FOR OTHER REASONS, THE COURT CLERK WILL NOT ATTEMPT REDELIVERY (EXCEPT DUE TO TYPOGRAPHICAL ERROR) UNLESS A NEW REQUEST FORM IS FILED WITH AN UPDATED MAILING ADDRESS.

I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.

Party Signature

Date

/s/

Print Name – Party Electronic Signature

Attorney/Advocate Bar No. (if applicable)

Co-Party Signature (if any)

Date

/s/

Print Name – Party Electronic Signature

Attorney/Advocate Bar No. (if applicable)