**IN THE DISTRICT COURT OF THE ABSENTEE SHAWNEE TRIBE**

) Petitioner )

)

VS ) Case No.

) Respondent )

**PETITION FOR PERMANENT CUSTODY**

**COMES NOW** the Petitioner, , Representing himself/herself for this cause of action and alleges and states:

1. The **Petitioner** is an enrolled member of the Absentee Shawnee Tribe

Is a member of the Tribe;

Is a nonmember but eligible for membership with the Absentee Shawnee Tribe, OR Is a non-Indian

Who voluntarily submits to the jurisdiction of the Court.

**AND**

The **Respondent** is a member of the Absentee Shawnee Tribe,

Is a member of the tribe;

Is a nonmember but eligible for membership with the Absentee Shawnee Tribe, OR Is a non-Indian,

Who voluntarily submits to the jurisdiction of the Court.

2. That the child is enrolled eligible for enrollment with the

tribe of Oklahoma.

3. THAT the petitioner is the mother father other: to the

*(Ex. Grandparent, aunt, uncle, etc.)*

child(ren).

4. THAT the child(ren)’s names and ages are as follows:

 DOB:

 DOB:

 DOB:

and are currently in the physical custody of: .

5. That there **is is not** at the present time a court order granting custody of the minor child.

6. That has had physical

custody of said child at various times since his/her birth and/or has had actual physical

custody since .

7. The Petitioner is seeking custody of child(ren) at this time because:

***(attach additional paper as needed)***

8. The Petitioner is a fit and proper person to have permanent custody and to oversee the care and maintenance of the child(ren).

9. THAT is/are healthy adult(s) and should be

ordered and directed to make regular periodic payments of child support for the maintenance and support of the child(ren) of the parties above named until the child(ren) reached 18 years of age or unless further ordered from the court

in the amount of $ per month per child

in an amount to be determined by the Tribal Child Support guidelines.

 10. That should claim minor child(ren) on taxes. Unless otherwise stated: .

**WHEREAS**, the Petitioner(s), Pray(s) that this Court will issue a temporary custody order to him/her for the above named

child(ren) pending the final hearing on this matter.

Petitioner’s Signature

**VERIFICATION**

I, , petitioner herein, being duly sworn to tell the truth and being of lawful age above 18 years of age, hereby state that I have prepared and read the attached petitioner and verify that all of the factual allegations contained in the petition are in fact true and correct to the best of my knowledge and belief, under penalty of perjury.

Petitioner

**ACKNOWLEDGMENT OF NEED TO CONSULT AN ATTORNEY, COURT RULES AND ABSENTEE SHAWNEE TRIBAL CODE OF LAWS.**

I, , petitioner herein, acknowledge that I am aware that an attorney should be consulted about procedure, legal rights, and advice in connection with this proceeding and my failure to hire an attorney to represent me in this case may result in the loss of or waiver of important legal rights that I may have. I understand that the Constitution of the Absentee Shawnee Tribe and the provisions of the Absentee Shawnee Tribe Code of Laws govern the procedures in the court and that I should review and consult the constitution and code of laws and become familiar with these provisions in order to properly handle my case.

Petitioner

**CERTIFICATION**

I, , Clerk of the District Court, certify that the petitioner, , personally appeared

before me on , 20

, and being duly sworn, executed the above

verification and acknowledgment in my presence.

Dated this day of , 20 .

Court Clerk

**CONTACT SHEET**

**PETITIONER:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veteran? Yes No If yes, please provide Veteran ID

Physical Address:

*City State Zip*

Mailing Address:

*City State Zip*

Phone #:

Message#:

 Native American Non-Native Tribal Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll # \_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_ Weight \_\_\_\_\_\_ Hair Color \_\_\_\_\_\_ Eye Color \_\_\_\_\_\_

Driver License Number

DL State

DL Expiration

Email Address: Updates (address, phone number, etc.):

**RESPONDENT:**

Name:

Physical Address:

*City State Zip*

Mailing Address:

*City State Zip*

Phone #:

Message#:

 Email Address:

 Native American Non-Native \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_ Eye Color \_\_\_\_\_\_\_ Hair Color \_\_\_\_\_\_\_\_\_\_

Driver License Number: DL State: DL Expiration

Vehicle Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_ Color:\_\_\_\_\_\_\_\_\_\_

Identifiers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distinguishing Features or Marks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Updates (address, phone numbers, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_