

Sisseton Wahpeton Oyate Tribal Court PO Box 568 Agency Village, SD 57262	ADULT GUARDIANSHIP	IN TRIBAL COURT CASE NO.
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**IN ORDER TO PROCESS PAPER WORK IN A TIMELY MANNER WE NEED THE
FOLLOWING**

THERE WILL BE A \$50 FILING FEE

(TRIBAL COURT NOW ACCEPTS CREDIT/DEBIT CARDS)

ALL PARTIES INVOLVED

Plaintiff/Petitioner

Defendant/Respondent

Mailing and Physical (if different) Address

Mailing and Physical (if different) Address

Telephone Number

Telephone Number

PLACE OF EMPLOYMENT (FOR SERVICE)

TRIBAL ENROLLMENT (FOR MINORS)

Plaintiff

Defendant

ATTORNEY NAME

Plaintiff

Defendant

Address/Phone Number

Address/Phone Number

Should your case proceed to trial please provide a list of pertinent witnesses to your case. Please provide names and addresses AS SOON AS POSSIBLE so they can be served. If your witness is willing to come on their own, please provide a list to Tribal Court prior to trial.

**PAPER WORK WILL NOT BE PROCESSED IF THE ABOVE INFORMATION IS NOT
PROVIDED**

Codes of Law: Chapter 42 Guardianship.

The name and address of the person (if any) who has the care and custody of the adult are:

Name: _____

Address: _____

The adult to be protected: ☐ is ☐ is not entitled to receive Veteran's benefits.

The Veteran's Administration claimant number is: _____

The adult to be protected has:

- ☐ A spouse whose name and address is listed below.
- ☐ Child(ren) whose name(s) and address(s) are listed below.
- ☐ No living child(ren), but has living parent(s) whose name(s) and address are listed below.
- ☐ No spouse, child(ren), or parents. The name(s) and address of presumptive heirs are listed below.
- ☐ No presumptive heirs.

NAME	RELATIONSHIP	ADDRESS

None of the above named spouse, child (ren), parents, or presumptive heirs are under any legal incapacity except: _____

Give name, legal incapacity, and representative of the person, if any

I REQUEST that the adult be determined to be a legally incapacitate person and:

Name

Mailing Address

City, state, zip

Phone #

Who has priority as: _____ to be appointed

☐ full guardian with all powers provided by statute.

☐ limited guardian with the following powers:

☐ No other person appears to have authority to act in the circumstances. I request that a temporary guardian be appointed pending a hearing on this petition because of the following emergency which presents a danger to this person:

WHEREFORE, Petitioner respectfully prays that the Sisseton Wahpeton Oyate Tribal Court of the Lake Traverse Reservation, State of South Dakota, grant Petitioner guardianship of the above named minor(s) until such time as a hearing can be held in this matter.

Dated this _____ day of _____, 20____.

PETITIONER

Subscribed and sworn to before me this _____ day of _____, 20____.

CLERK OF COURTS

INFORMATION FOR PETITION FOR GUARDIANSHIP

1. Full name of the petitioner, date of birth, relationship to adult needing protection, incompetent person, address and directions to your home, enrollment.

Name

Date of Birth

Enrollment/Tribe

Mailing Address

Relationship

Place of Employment

2. Full name of adult needing protection, incompetent person, date of birth, place of residency, and enrollment.

Name

Date of Service

Place of Residency

Enrollment/Tribe

3. State reason for Petition:

4. Names, date of births, relationships, mailing address of the immediate relatives and next of kin and enrollment.

Name

Name

Date of Birth

Date of Birth

Relationship

Relationship

Mailing Address

Mailing Address

Enrollment/Tribe

Enrollment/Tribe

Name

Name

Date of Birth

Date of Birth

Relationship

Relationship

Mailing Address

Mailing Address

Enrollment/Tribe

Enrollment/Tribe

5. State the facts concerning the condition of the person in need of protection, incompetent person and the estate, description, nature and probable value of the property owned by the person in need of protection, incompetent person and approximate income and from what source received.

1. Person in need of protection,

2. Estate,

3. Description,

4. Nature and probable value of the property,

Dated this _____ day of _____, 20____.

Petitioner