



**LEECH LAKE BAND OF OJIBWE
IN TRIBAL COURT**

190 Sailstar Dr. NW
Cass Lake, MN 56633
218-335-3682/3586

Civil Division

<p>In Re the Guardianship of:</p> <p>_____</p> <p>Respondent</p> <p>_____</p> <p>Petitioner</p>	<p>PETITION FOR APPOINTMENT OF GUARDIAN (ADULT)</p> <p>Court File No. _____</p>
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TO THE HONORABLE JUDGE OF THE TRIBAL COURT:

1. Information about Petitioner:

Name (first/middle/last): _____ DOB: _____

Tribal Enrollment: _____ Phone: _____

Address (mailing & physical): _____

Relationship to Respondent: _____

2. Information about Respondent:

Name (first/middle/last): _____ DOB: _____

Tribal Enrollment: _____ Phone: _____

Address (mailing & physical): _____

Place of Birth: _____

3. This Court has jurisdiction over this matter pursuant to Title 3, Chapter 3-23, because the respondent is a tribal member residing within the exterior boundaries of the Leech Lake Reservation.

4. I am requesting to be appointed as guardian of the (check one) ___ person and/or ___ person and property of the Respondent.

5. I am requesting to be appointed as temporary guardian until a hearing can be scheduled due to the follow emergency situation:

6. The Respondent is not capable of taking care of himself/herself and of managing his/her property. The facts that support his/her incapacity are: (State medical or psychological condition that makes the person unable to take care of himself/herself.)

7. The Respondent owns the follow property: (List all personal property, real estate, bank accounts, money management accounts, and other assets, including motor vehicles.)

8. The Respondent is or has been under the care of the following physician(s):

_____ Doctor's Name	_____ Doctor's Address
_____ Doctor's Name	_____ Doctor's Address
_____ Doctor's Name	_____ Doctor's Address

9. The Respondent has a relationship with the following social services or mental health care provider:

_____ Provider's Name	_____ Provider's Address
_____ Provider's Name	_____ Provider's Address
_____ Provider's Name	_____ Provider's Address

10. The Respondent's relatives, including spouse, significant other, siblings and children are:

Name (first, middle, last):	Relationship:	Address (mailing & physical):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WHEREFORE, Petitioner requests that the Court enter an Order:

1. Granting temporary guardianship over the person and/or property of the Respondent;

2. Scheduling a hearing to determine the merits of the petition and determining the competency of the Respondent and the appointment of a suitable permanent guardian;
3. Requesting that Leech Lake Department of Social Services or other qualified agency conduct a guardianship report on the Petitioner and on the Respondent containing all pertinent information necessary to assist the Court in determining the best interests of the Respondent and submit it to the Court no less than ten (10) days prior to the hearing;
4. Requesting that two (2) qualified physicians submit certificates showing that the Respondent either is or is not capable of taking care of himself/herself and of managing his/her property, no less than ten (10) days prior to the hearing;
5. Requiring that the Respondent's relatives be notified of the time, place and purpose of the hearing; and
6. For whatever other relief the Court deems just in the premises.

DATED this _____ day of _____, 20__.

Petitioner

Subscribed and sworn to before me, a Notary Public/Clerk of Court, this _____ day of _____, 20__.

Notary Public/Clerk of Court