

NOTTAWASEPPI HURON BAND OF THE POTAWATOMI TRIBAL COURT	PETITION FOR CHILD PROTECTIVE PROCEEDINGS COVER SHEET FOR MULTIPLE CHILDREN	CASE NO.
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Court Address: 2221 1 ½ Mile Road, Fulton, MI 49052 Court Telephone No.: (269) 704-8404 Court Fax No.: (269) 729-4826

Please Take Note:

The NHBP Tribal Court requires that an individual Petition for Child Protective Proceedings be filed for every child with each child assigned his or her own Tribal Court Case Number as the needs of each individual child are unique to that child, independent of siblings or other children living in the same household. The Court’s “One Family – One Judge” holistic approach will be utilized with assignment of all children to the same judge. If there are multiple children for whom there are also Petitions being filed who live in the same household, please also complete this Cover Sheet, attaching additional sheets if necessary, to help facilitate the proper management of these critical cases.

1. In the matter of:

a. Name of Child: _____
Date of Birth: _____ Location of Birth: _____
Child’s Address: _____
Child is Living with: Mother Father Other: _____
Mother’s Name: _____
Father’s Name: _____
Child Resides on NHBP land: Yes No Unknown
County of Legal Residence: _____
Child is Citizen of Federally-Recognized Tribe: Yes No Unknown
Tribe: NHBP Other: _____ Unknown
Race: _____ Gender: Male Female Two-Spirit

b. Name of Child: _____
Date of Birth: _____ Location of Birth: _____
Child’s Address: _____
Child is Living with: Mother Father Other: _____
Mother’s Name: _____
Father’s Name: _____
Child Resides on NHBP land: Yes No Unknown
County of Legal Residence: _____
Child is Citizen of Federally-Recognized Tribe: Yes No Unknown
Tribe: NHBP Other: _____ Unknown
Race: _____ Gender: Male Female Two-Spirit

c. Name of Child: _____
Date of Birth: _____ Location of Birth: _____
Child’s Address: _____
Child is Living with: Mother Father Other: _____
Mother’s Name: _____
Father’s Name: _____
Child Resides on NHBP land: Yes No Unknown
County of Legal Residence: _____
Child is Citizen of Federally-Recognized Tribe: Yes No Unknown
Tribe: NHBP Other: _____ Unknown
Race: _____ Gender: Male Female Two-Spirit

d. Name of Child: _____
Date of Birth: _____ Location of Birth: _____
Child's Address: _____
Child is Living with: Mother Father Other: _____
Mother's Name: _____
Father's Name: _____
Child Resides on NHBP land: Yes No Unknown
County of Legal Residence: _____
Child is Citizen of Federally-Recognized Tribe: Yes No Unknown
Tribe: NHBP Other: _____ Unknown
Race: _____ Gender: Male Female Two-Spirit

e. Name of Child: _____
Date of Birth: _____ Location of Birth: _____
Child's Address: _____
Child is Living with: Mother Father Other: _____
Mother's Name: _____
Father's Name: _____
Child Resides on NHBP land: Yes No Unknown
County of Legal Residence: _____
Child is Citizen of Federally-Recognized Tribe: Yes No Unknown
Tribe: NHBP Other: _____ Unknown
Race: _____ Gender: Male Female Two-Spirit

f. Name of Child: _____
Date of Birth: _____ Location of Birth: _____
Child's Address: _____
Child is Living with: Mother Father Other: _____
Mother's Name: _____
Father's Name: _____
Child Resides on NHBP land: Yes No Unknown
County of Legal Residence: _____
Child is Citizen of Federally-Recognized Tribe: Yes No Unknown
Tribe: NHBP Other: _____ Unknown
Race: _____ Gender: Male Female Two-Spirit

g. Name of Child: _____
Date of Birth: _____ Location of Birth: _____
Child's Address: _____
Child is Living with: Mother Father Other: _____
Mother's Name: _____
Father's Name: _____
Child Resides on NHBP land: Yes No Unknown
County of Legal Residence: _____
Child is Citizen of Federally-Recognized Tribe: Yes No Unknown
Tribe: NHBP Other: _____ Unknown
Race: _____ Gender: Male Female Two-Spirit

2. Name of Petitioner: _____

I am the Presenting Officer for the Nottawaseppi Huron Band of the Potawatomi

I am the Biological Mother Step-Mother Foster Mother of all of the children listed above

I am the Biological Mother Step-Mother Foster Mother of the following children listed above

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

I am the Biological Mother Step-Mother Foster Mother of the following children listed above

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

I am the Biological Mother Step-Mother Foster Mother of the following children listed above

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

I am the Biological Father Step-Father Foster Father of all of the children listed above

I am the Biological Father Step-Father Foster Father of the following children listed above

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

I am the Biological Father Step-Father Foster Father of the following children listed above

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

Name of Child: _____

I am the Biological Father Step-Father Foster Father of the following children listed above

Name of Child: _____
Name of Child: _____
Name of Child: _____
Name of Child: _____
Name of Child: _____
Name of Child: _____
Name of Child: _____

I am a party of interest to the children listed above

Name of Child: _____
Relationship: _____

Name of Child: _____
Relationship: _____

Name of Child: _____
Relationship: _____

Name of Child: _____
Relationship: _____

Name of Child: _____
Relationship: _____

Name of Child: _____
Relationship: _____

Name of Child: _____
Relationship: _____

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of Petitioner/Presenting Officer

Name of Petitioner: _____

Agency: _____

Address: _____

City, State, Zip: _____

Phone: _____