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| **Nottawaseppi Huron Band  of the Potawatomi**  **Tribal Court** | **Petition for**  **Child Protective Proceedings** | **Case No.** |

Court Address: 2221 1 ½ Mile Road, Fulton, MI 49052 Court Telephone No.: (269) 704-8404 Court Fax No.: (269) 729-4826

1. In the matter of:
2. Name of Child:

Date of Birth: Location of Birth:

Child’s Address:

Child is Living with: 🞎 Mother 🞎 Father 🞎 Other:

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

1. Relatives. Please provide the names, address, and other information requested to the best of your information and knowledge.
   1. Father’s Name:

Father’s Address:

Father Resides on NHBP Land: 🞎 Yes 🞎 No 🞎 Unknown

Father’s Date of Birth: Phone No.

Father is a Respondent: 🞎 Yes 🞎 No 🞎 Unknown

Father is Citizen of Federally-Recognized Tribe: 🞎 Yes 🞎 No 🞎 Unknown

Tribe: 🞎 NHBP 🞎 Other: 🞎 Unknown

* 1. Mother’s Name:

Mother’s Address:

Mother Resides on NHBP Land: 🞎 Yes 🞎 No 🞎 Unknown

Mother’s Date of Birth: Phone No.

Mother is Citizen of Federally-Recognized Tribe: 🞎 Yes 🞎 No 🞎 Unknown

Tribe: 🞎 NHBP 🞎 Other: 🞎 Unknown

* 1. Non-Parent Adult Respondent’s Name:

Address:

Resides on NHBP Land: 🞎 Yes 🞎 No 🞎 Unknown

Date of Birth: Phone No.

Relationship to Child:

Citizen of Federally-Recognized Tribe: 🞎 Yes 🞎 No 🞎 Unknown

Tribe: 🞎 NHBP 🞎 Other: 🞎 Unknown

* 1. Non-Parent Adult Respondent’s Name:

Address:

Resides on NHBP Land: 🞎 Yes 🞎 No 🞎 Unknown

Date of Birth: Phone No.

Relationship to Child:

Citizen of Federally-Recognized Tribe: 🞎 Yes 🞎 No 🞎 Unknown

Tribe: 🞎 NHBP 🞎 Other: 🞎 Unknown

* 1. Name of Other Child in Home:

Date of Birth: Phone No.

Citizen of Federally-Recognized Tribe: 🞎 Yes 🞎 No 🞎 Unknown

Tribe: 🞎 NHBP 🞎 Other: 🞎 Unknown

* 1. Name of Other Child in Home:

Date of Birth: Phone No.

Citizen of Federally-Recognized Tribe: 🞎 Yes 🞎 No 🞎 Unknown

Tribe: 🞎 NHBP 🞎 Other: 🞎 Unknown

* 1. Name of Other Child in Home:

Date of Birth: Phone No.

Citizen of Federally-Recognized Tribe: 🞎 Yes 🞎 No 🞎 Unknown

Tribe: 🞎 NHBP 🞎 Other: 🞎 Unknown

1. 🞎 a. There are no pending or resolved cases, within the jurisdiction of this Tribal Court or any other

jurisdiction involving the family or family members of the person(s) who are the subject of the petition.

**OR**

🞎 b. There is one or more pending or resolved cases involving the family or family members of the person(s) who are the subject of the petition within the jurisdiction of:

🞎 This Tribal Court

Tribal Court Case No.

Name of Case:

Presiding Judge:

Family Members Involved:

Tribal Court Case No.

Name of Case:

Presiding Judge:

Family Members Involved:

Tribal Court Case No.

Name of Case:

Presiding Judge:

Family Members Involved:

Attached additional sheets, if necessary.

🞎 This/These Foreign Courts

Court:

🞎 Other Tribal Court 🞎 State Court 🞎 Federal Court 🞎 Other:

Case No.

Name of Case:

Presiding Judge:

Family Members Involved:

Court:

🞎 Other Tribal Court 🞎 State Court 🞎 Federal Court 🞎 Other:

Case No.

Name of Case:

Presiding Judge:

Family Members Involved:

Court:

🞎 Other Tribal Court 🞎 State Court 🞎 Federal Court 🞎 Other:

Case No.

Name of Case:

Presiding Judge:

Family Members Involved:

Attached additional sheets, if necessary

**OR**

🞎 d. It is unknown if there are pending or resolved cases involving the family or family members of the person(s) who are the subject of the complaint.

1. Pursuant to the NHBP Children’s Code §7.5-28 (C) (4), state the specific allegations against each respondent named in the petition, which form the grounds for the assertion that the child meets the definition of a protected child under this Code (Attach additional sheets, if necessary):

1. Pursuant to the NHBP Children’s Code §7.5-28 (C) (5), provide a plain and concise statement of the facts upon which the allegations contained in the petition are based, including the date, time and location at which the alleged facts occurred (Attach additional sheets, if necessary);

1. I request the court to (continued on next page):

🞎 a. Refer the matter to alternative services.

🞎 b. Authorize this petition and take jurisdiction over the child(ren). Further, I request the Court to issue an order removing:

🞎 The abuser from the home:

🞎 The child from the home:

🞎 There is a family member(s) meeting preferences

Name:

Relationship:

Address:

Phone:

🞎 It is not known if there is a family member(s) who meets preferences

🞎 The active efforts made to provide remedial services and rehabilitative programs

designed to prevent the breakup of the family include (Attach additional sheets

if necessary, as well as any documentation):

🞎 Other:

🞎 c. Terminate parental rights of father to child

🞎 d. Terminate parental rights of mother to child

🞎 e. Other:

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

Name of Petitioner:

Agency:

Address:

City, State, Zip:

Phone:

Approved by (optional):

Date Prosecuting Attorney Signature

Name of Prosecutor:

Agency:

Address:

City, State, Zip:

Phone:

**It Is Hereby Ordered:**

1. A preliminary inquiry has been conducted and the filing of this petition

🞎 on is **authorized**.

Name of Child Date of Birth

🞎 on is **not authorized**.

Name of Child Date of Birth

Date Judge Bar No.