



SAULT STE. MARIE CHIPPEWA TRIBAL COURT

IN THE MATTER OF:

DOB:

Case No. GA-20__ - __

PETITION FOR APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL

1. I, _____, am interested in the welfare of the individual and make this petition as *(relationship to individual)* _____.
2. The individual was born on _____, is Female Male, and now
resides in _____ at _____
County Address City State Zip
3. The individual is a member of the Sault Ste. Marie Tribe of Chippewa Indians *(include a copy of Tribal enrollment card)*.
4. This Court has jurisdiction over this matter pursuant to Tribal Code Chapter 33 because the individual is a tribal member residing on Tribal lands.
5. An action involving the person named above regarding competency, conservatorship, guardianship or adult protection has been previously filed in _____ Court, Case No. _____, was assigned to Judge _____ and remains is no longer pending.
6. The adult has a:
 - patient advocate/power of attorney for health care *(specify name and address below)*
 - power of attorney *(specify name and address below)*
 - conservator *(specify name and address below)*

Name Address City State Zip

Such designation(s) is/are not sufficient to meet the individual's needs on the following basis: _____

7. The names and addresses of other persons known to the petitioner to have an interest in the proceedings are as follows: *(list spouse, parents, children, siblings, anyone who has principal care and custody of the individual in the last 3 months, and any relative of the same degree of kinship as you, i.e. if you are the proposed ward's nephew, list all nieces and nephews)*.

Spouse's name: _____
Address: _____

Mother's Name: _____
Address: _____

Father's name: _____
Address: _____

Child's Name: _____
Address: _____

Child's Name: _____
Address: _____

Sibling's Name: _____
Address: _____

Other: _____
Address: _____

Other: _____
Address: _____

relationship to individual: _____

relationship to individual: _____

8. The individual named above is in need of a guardian because:
- a. he/she is incapable of caring for his/herself and such incapability is a significant impediment to his/her health and well-being, and such condition is not temporary
 - and/or** b. the person is unable or unwilling to competently administer his/her financial affairs.

9. The facts upon which I base the request for appointment of a guardian are as follows:

10. An emergency/temporary guardianship for the individual is necessary until a hearing can be held on this Petition because an immediate need exists and the appointment of a temporary guardian is in the best interest of the individual as follows: _____

11. I request the appointment of:
- Guardian of the individual
 - Guardian of the individual's estate
 - Guardian of the individual and the individual's estate

12. I request that the court determine that the individual is legally incapacitated and appoint the following person as guardian:

Name Address City State Zip
who has the following relationship to the individual: _____.

13. The individual's assets, liabilities, amount and sources of income are estimated to be:

Real and Personal Property:	Value:
_____	\$ _____
_____	\$ _____
_____	\$ _____
Income and Source:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____

14. 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

15. The Respondent has a relationship with the following social services or mental health provider(s):

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

I hereby verify under penalty of perjury that the information contained in this petition is true and correct to the best of my knowledge, information and belief and agree to comply with all requirements of this position upon being granted.

Signature of Petitioner: _____

Date: _____

Email address: _____

Mailing address: _____

Telephone No. _____

Witness signature: _____

Date: _____

Printed Name: _____