

**IN THE NOOKSACK TRIBAL COURT  
FOR THE NOOKSACK INDIAN TRIBE  
DEMING, WASHINGTON**

In the Guardianship of:

\_\_\_\_\_  
Minor/Alleged Incompetent Person

\_\_\_\_\_  
Petitioner(s)

Case No.:

PETITION FOR GUARDIANSHIP OF

PERSON AND/OR  ESTATE

MINOR  INCOMPETENT

Petitioner represents that \_\_\_\_\_ is a(n)  minor  incompetent and is in need of a guardian.

**I. PETITIONER(S)**

The Petitioner's name and relationship to the Minor/Alleged Incapacitated Person is as follows:

A. Name: \_\_\_\_\_

B. Relationship \_\_\_\_\_

**II. MINOR/ALLEGED INCAPACITATED PERSON INFORMATION**

The name, age, date of birth, address of present residence, and mailing address of the Minor/Alleged Incapacitated Person are:

A. Name: \_\_\_\_\_

B. Age & Date of Birth: \_\_\_\_\_

C. Present Residence: \_\_\_\_\_

D. Length of Time at Residence: \_\_\_\_\_

E. Mailing Address: \_\_\_\_\_

F. Tribal Affiliation: \_\_\_\_\_

**III. INFORMATION CONCERNING A GUARDIANSHIP FOR A MINOR**

*(Complete this section only if guardianship is sought with respect to child under 18)*

A. Mother's Name: \_\_\_\_\_

B. Phone Number: \_\_\_\_\_

C. Address: \_\_\_\_\_

D. Father's Name: \_\_\_\_\_

E. Phone Number: \_\_\_\_\_

F. Address: \_\_\_\_\_

Mother/Father  has  has not signed a written consent for this guardianship.

A guardian should be appointed as to the estate of the child.

A guardian should be appointed as to the person of the child. *(If this box is checked the following additional information must be provided in section IV below: Name, address and date of birth of the proposed Guardian and all other adult persons living in the Guardian's household. Attach an additional sheet if necessary.)*

*(The proposed guardian and all other adult persons living in the Guardian's household understand that they may be required to undergo a criminal and child protective services background check before an order appointing guardian may be entered. The guardian and all other adult members in his or her household must sign an authorization to release CPS records.)*

The child is a member of an Indian tribe or a child of a member of an Indian tribe.

Tribal Affiliation: \_\_\_\_\_

The child is not a member of an Indian tribe nor a child of a member of an Indian tribe.

**IV. NOMINEE(S) FOR GUARDIANSHIP**

The name, address, telephone number, age/date of birth, of the proposed Guardian(s) and the relationship to the Minor/Alleged Incapacitated Person are as follows:

A. Name of Nominee (I): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_

Relationship to Alleged Incapacitated Person: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

**B.** Name of Nominee (II): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Age/Date of Birth: \_\_\_\_\_  
Relationship to Alleged Incapacitated Person: \_\_\_\_\_  
Tribal Affiliation: \_\_\_\_\_

**V. RELATIVES**

The name, address, age/date of birth and the nature of the relationship of the persons most closely related by blood or marriage to the Minor/Alleged Incapacitated Person are as follows:

**A.** Name: \_\_\_\_\_  
Age/DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tribal Status: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**B.** Name: \_\_\_\_\_  
Age/DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tribal Status: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**C.** Name: \_\_\_\_\_  
Age/DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tribal Status: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**VI. NATURE AND DEGREE OF ALLEGED INCAPACITY**

The nature and degree of the alleged incapacity are as follows:

**A.** Nature of Alleged Incapacity: \_\_\_\_\_  
**B.** Degree of Alleged Incapacity: \_\_\_\_\_

**VII. DESCRIPTION/VALUES OF PROPERTY**

The approximate value and the description of the property owned by the Minor/Alleged Incapacitated Person is:

- A. Real Property: \$ \_\_\_\_\_
  - B. Stock, Mutual Funds and Bonds: \$ \_\_\_\_\_
  - C. Mortgages and Notes: \$ \_\_\_\_\_
  - D. Bank Accounts \$ \_\_\_\_\_
  - E. Furniture: \$ \_\_\_\_\_
  - F. Other Personal Property: \$ \_\_\_\_\_
- Approximate Total Value of Assets is: \$ \_\_\_\_\_

There are periodic compensation, pension, insurance, and allowances as follows:

- A. Social Security Benefits: \$ \_\_\_\_\_ /month
  - B. Veterans Benefits \$ \_\_\_\_\_ /month
  - C. Washington State Assistance \$ \_\_\_\_\_ /month
  - D. Other: \$ \_\_\_\_\_ /month
- Approximate Total Monthly Income: \$ \_\_\_\_\_

**VIII. EXISTING OR PENDING GUARDIANSHIPS**

There  is  is not an existing or pending Guardianship action for the person and/or the estate of the Minor/Alleged Incapacitated Person. If there is an existing or pending Guardianship, set forth the following:

- A. State where Guardianship is Pending or Established: \_\_\_\_\_
- B. Name of Guardian/Limited Guardian: \_\_\_\_\_
- C. Date of Appointment: \_\_\_\_\_
- D. Type of Guardianship: \_\_\_\_\_

**IX. CUSTODIAN OF MINOR/INCOMPETENT**

The name, address, and telephone number of the person or facility having the care and custody of the Minor/Alleged Incapacitated Person and the length of time of said care and custody is:

- A. Name: \_\_\_\_\_
- B. Address: \_\_\_\_\_
- C. Telephone: \_\_\_\_\_
- D. Length of Time at Facility: \_\_\_\_\_

**IX. REASON FOR GUARDIANSHIP**

- A. The reason for petitioning for Guardianship is as follows: \_\_\_\_\_  
\_\_\_\_\_
- B. The interest of the Petitioner in the appointment is as follows: \_\_\_\_\_  
\_\_\_\_\_
- C. Designate whether the appointment is sought as Guardian of the Person, the Estate, or both: \_\_\_\_\_
- D. Describe any alternative arrangements previously made by the Alleged Incapacitated Person, such as trusts, powers of attorney including any Guardianship nominations contained in a power of attorney, and why a Guardianship is nevertheless necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X. AREAS OF ASSISTANCE**

- A. The nature and degree of the alleged incapacity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. The following are specific areas of protection and assistance required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. The duration of guardianship should be as follows: \_\_\_\_\_

**XI. SUMMARY**

The Petitioner(s) request(s) the following relief:

An Order appointing \_\_\_\_\_ as  
Guardian(s) of the Person and/or Estate of \_\_\_\_\_ subject  
to review in \_\_\_\_\_ months.

Other relief requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Petitioner/Attorney/Spokesperson

I swear that the foregoing is true and correct.

Signed at \_\_\_\_\_, Washington, on \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

**IN THE NOOKSACK TRIBAL COURT  
FOR THE NOOKSACK INDIAN TRIBE  
DEMING, WASHINGTON**

In re the guardianship of

\_\_\_\_\_,  
Petitioner,

vs.

\_\_\_\_\_,  
Respondent.

Case No.:

CONSENT TO PROPOSED GUARDIANSHIP

I, \_\_\_\_\_ being first duly sworn on oath, depose and say, under penalty of perjury of the laws of the Nooksack Indian Tribe and the State of Washington, that:

My relationship to the youth/incompetent known as \_\_\_\_\_ is:

- Biological Mother    Biological Father    Biological Sibling    Biological Child  
 Legal Custodian

My date of Birth is: \_\_\_\_\_

I reside at: \_\_\_\_\_.

I have received a copy of the Petition for Guardianship filed by \_\_\_\_\_ in this matter.

I have read that Petition and agree that the proposed guardianship is in the best interest of the above-named youth/incompetent. I further understand that the proposed guardianship will last:

- Until the youth reaches the age of eighteen (18) years or;  
 for a shorter period of time as specified. Shall expire: \_\_\_\_\_.  
 Until otherwise ordered by the court.

With this in mind, I hereby consent to the proposed guardianship.

I do  do not plan to attend the Tribal Court hearing on this Petition.

DATED this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature

SUBSCRIBED and SWORN to and before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Nooksack Tribal Court Clerk

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Nooksack Tribal Court Clerk



**IN THE NOOKSACK TRIBAL COURT  
FOR THE NOOKSACK INDIAN TRIBE  
DEMING, WASHINGTON**

In Re the Guardianship of:

\_\_\_\_\_  
(DOB \_\_\_\_\_)

\_\_\_\_\_  
Petitioner.

Case No.:

**OATH OF GUARDIAN**

COMES NOW \_\_\_\_\_, a Petitioner for guardianship, who makes the following oath:

Under penalty of perjury according to the laws of the Nooksack Indian Tribe, I swear or affirm to perform all duties of a legal guardian of the above-named  youth  incompetent; and I will render true and complete financial and property accounts whenever required by law or by the Nooksack Tribal Court; and that I hereby submit to full criminal and civil jurisdiction over me by the Nooksack Indian Tribe and its Court for any actions arising under the guardianship in this matter.

FAILURE TO COMPLY WITH ANY PROVISION OF THIS OATH WITH ACTUAL OR CONSTRUCTIVE NOTICE OF ITS TERMS IS CRIMINAL CONTEMPT OF COURT, SUBJECT TO FINE AND/OR IMPRISONMENT.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Guardian

ADMINISTERED by me, an authorized Nooksack Tribal Judge, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Raymond G. Dodge, Chief Judge

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(DOB \_\_\_\_\_)

\_\_\_\_\_  
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DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Guardian

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\_\_\_\_\_  
Raymond G. Dodge, Chief Judge