

## **PUEBLO OF LAGUNA COURT**

P.O. Box 194 Laguna, New Mexico 87026 Tel. (505) 552-1900 Email: clerks@pol-nsn.gov

## PETITION FOR APPOINTMENT OF GUARDIAN COVER SHEET

IT IS IMPORTANT THAT PETITION IS FILLED OUT ACCURATELY OR TO THE BEST OF YOUR KNOWLEDGE. UNAVAILABLE INFORMATION WILL ONLY DELAY THE COURT PROCESS.

<u>PETITIONER:</u>			
Name:	DOB:		Social No:
Tribal Affiliation:	E	nrollment l	Social No: No:
Mailing Address:			
Physical Address:			
Email Address:		Phone No:_	
Co-Petitioner Name:		OB:	Social No:
Tribal Affiliation:	E	nrollment I	No:
Mailing Address:			
Physical Address:			
Email Address:		Phone No:	
RESPONDENT:			
Name:	DOB: _		Social No:
Tribal Affiliation:		Enrollment	No:
Mailing Address:			
Physical Address:			
Email Address:		Phone No:_	
Name:	DOB:		Social No:
Tribal Affiliation:		Enrollment	No:
Physical Address:			
Email Address:		Phone No:	

## PLEASE DOUBLE CHECK YOUR DOCUMENTS:

- Attach a copy or copies of Birth Certificate'(s) for minor(s)
- Attach any supporting documents
- Filing Fee of \$6.00 in a Money Order or Cashier's Check Please!
- If you should have any questions or need assistance with the Petition, please refer to our Approved Attorney list for help. Thank you.

## IN THE PUEBLO COURT PUEBLO OF LAGUNA, STATE OF NEW MEXICO

<b>CASE NO:</b>	
<b>PETITION I</b>	FOR APPOINTMENT
Of	GUARDIAN

	IE MATTER OF:	Of GUARDIAN
	Minor Child(re	en)
	S NOW PETITIONER(S):	, relation to minor child(ren)
2.	Name (co-petitioner):	, relation to minor child(ren)
	That the minor child(ren):	jurisdiction over the subject matter herein.
	• Name:	DOB:
		Enrolled: YES [ ] NO [ ] Tribe:
	Enrollment No:	Non-Native: YES [ ] NO [ ]
	Name:	DOB:
		Enrolled: YES [ ] NO [ ] Tribe:
		Non-Native: YES [ ] NO [ ]
	• Name:	DOB:
	• Tribal Member: YES [ ] NO [ ]	Enrolled: YES [ ] NO [ ] Tribe:
	Enrollment No:	Non-Native: YES [ ] NO [ ]
	• Name:	DOB:
		Enrolled: YES [ ] NO [ ] Tribe:
	<ul> <li>Enrollment No:</li> </ul>	Non-Native: YES [ ] NO [ ]

5.	That the Petitioner(s) is / are requesting to be appointed as guardian(s) of said minor child(ren) for the following reasons:			
6.	Natural Mother: Name:	Enrollment No: Deceased: YES [ ] NO [ ]		
	Natural Father: Name: Tribe: Non-Native: Father resides:	Tribal Member: YES [ ] NO [ ] Enrollment No: Deceased: YES [ ] NO [ ]		
	Father are attached.  [ ] No written consent of minor child	ized Affidavit of Consent from Natural Mother and or Natural		
	That the names of all adult next of Kin of said minor child(ren) as far as car be ascertained are as follows: Name: Mailing Address:			
	Name:	Mailing Address:		
	Name:	Mailing Address:		

<ol> <li>In support of this Petition, I have</li> <li>Medical Documents;</li> </ol>	attached the following:
[ ] Police Reports	
[ ] Affidavits	
[ ] Other:	
	y that he / she / they be appointed as the nd property of said minor child(ren) and for y deem appropriate.
	Respectfully Submitted:
	Petitioner Signature
	Petitioner Print Name
	Address
	Phone No
	Co-Petitioner Signature
	Printed Name
	Address
	Phone No