

Saginaw Chippewa Indian Tribe Tribal Court 6954 E. Broadway Mt. Pleasant, MI 48858 989-775-4800	PETITION FOR APPOINTMENT OF GUARDIAN OF AN INCAPACITATED INDIVIDUAL	Case Number:
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IN THE MATTER OF: _____
(Alleged Legally Incapacitated Person)

1. I, _____ am interested in this matter and make this petition as
Name (type or print)

(state interest/relationship)

An action within this jurisdiction of a division of the tribal court involving their family or family members of the above named person has been previously filed in _____ Court, Case # _____ was assigned to _____, and [] remains [] is no longer pending.
Judge _____

The above named adult, born _____ is a resident of _____
Date of birth City, village or township
this reservation and is [] Indian [] a member of the Saginaw Chippewa Tribe and lives at

Address City State Zip Telephone #

The adult has A general durable power of attorney: _____

Name and address

A durable power of attorney for health care: _____

Name and address

A conservator: _____

Conservator's Name and Address

The adult is in need of a guardian because he/she lacks sufficient understanding or capacity to make or communicate informed decisions concerning his/her person due to:

- | | |
|-------------------|--------------------------------|
| Mental Illness | Physical illness or disability |
| Mental deficiency | Chronic intoxication |
| Chronic drug use | Other: |

Following are specific facts about the adult's condition and specific examples of the adult's recent conduct that demonstrate the need for the appointment of a guardian: (Attach a separate sheet if more space is needed. Please attach a letter from the person's physician/medical provider)

The name and address of the person (if any) who has the care and custody of the adult are:

The adult _____ is not entitled to receive Veteran's Administration benefits.
The Veteran's Administration claimant number is: _____

The adult to be protected has:

A spouse whose name and address is listed below.

Child(ren) whose names(s) and address(es) are listed below.

No living child, but has living parent(s) whose name(s) and address(es) are listed below.

No spouse, children, or parents. The name(s) and address(es) of presumptive heirs are listed below.

No presumptive heirs

NAME	RELATIONSHIP	ADDRESS

None of the above named spouse, children, parents, or presumptive heirs are under any legal incapacity except:

Give name, legal incapacity, and representative of the person, if any

I REQUEST that the adult be determined to be a legally incapacitate person and _____
Name

of _____
Address City State Zip Telephone #

who has priority as _____
be appointed full guardian with all powers provided by statute.
limited guardian with the following powers:

No other person appears to have authority to act in the circumstances. I request that a temporary guardian be appointed pending a hearing on this petition because of the following emergency which presents a danger to this person:

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

Date Address

Petitioners Signature City State Zip Telephone #

NOMINATION BY THE ALLEGED LEGALLY INCAPACITATED PERSON in the event the court finds that I require a guardian, I nominate:

Name

Address City State Zip Telephone #

Attorney Signature Date

Name (type or print) Signature of alleged legally incapacitate person

Address

City State Zip Telephone #