IN THE SITKA TRIBE OF ALASKA
SITKA TRIBAL COURT

PETITION FOR CO-GUARDIANSHIP OF TRIBAL YOUTH

Sitka Tribe of Alaska
Sitka Tribal Court
204 Siginaka Way
Sitka, Alaska 99835
(907)966-9627

In the Matter of the Co-Guardianship of:)
_____)
Full Name of Tribal Youth (Under the Age of 18 years))
)
_____)
Tribal Youth's Date of Birth)
) Case Number: _____ - GRD - ____
_____)
Petitioner's Full Name)
)
_____)
Co-Petitioner's Full Name)
)

Petitioners asks [the Tribal Court] to be appointed Co-Guardians of the Tribal Youth named above, pursuant to STA Children's Code Chapter III Section 3.02.

1. This is the **correct court location** to hear this matter because:
   - ☐ The Tribal Youth is an enrolled tribal citizen of STA; Enrollment #_____.
   - ☐ The Tribal Youth is eligible to be enrolled with STA because the Youth's ☐ Mother ☐ Father ☐ Grandparent: _____ is enrolled with STA; Enrollment #_____.
   - ☐ There is no other Tribe that has jurisdiction over the Tribal Youth; (dual enrollment).
   - ☐ There is no open Child in Need of Aid (CINA) case or any other Guardianship or Protective Proceedings filed with the State court involving the Tribal Youth.
   - ☐ If there is an open case filed with the State Court, please list the Case number; _____.

2. **Tribal Youth**'s Full Legal Name: _____
   Tribal Youth's Date of Birth: _____
   Tribal Youth was born ☐ Male ☐ Female, in (City/Village, State) _____
   Tribal Name (if known): _____
   Clan Affiliation (if known): _____

3. **Petitioner**'s Full Name: _____
   Petitioner's Date of Birth: _____
   Tribal/ Clan Affiliation: _____ STA Enrollment #_____
   Mailing Address (include City, State, Zip): _____
   Physical Address (include City, State, Zip): _____

E-mail Address: _____

*☐ I authorize the court to e-mail me court documents in this case to the e-mail address listed above.

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Petitioner's Relationship to Tribal Youth _____

Petitioner's Occupation: _____

☐ Retired / No occupation *if this box is checked, please explain the Petitioner's means to care for the Tribal Youth _____

_____.

4. **Co-Petitioner**'s Full Name:_____

Co-Petitioner's Date of Birth: _____

Tribal/ Clan Affiliation: _____ STA Enrollment #_____

Mailing Address (include City, State, Zip): _____

Physical Address (include City, State, Zip): _____

E-mail Address: _____

*☐ I authorize the court to e-mail me court documents in this case to the e-mail address listed above.

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Co-Petitioner's Relationship to Tribal Youth _____

Co-Petitioner's Occupation: _____

☐ Retired / No occupation *if this box is checked, please explain the Co-Petitioner's means to care for the Tribal Youth _____

_____.

5. The Tribal Youth's **Biological Mother** is (full name, if known):

_____.

Tribal/ Clan Affiliation: _____ STA Enrollment #_____

Mailing Address (include City, State, Zip): _____

Physical Address (include City, State, Zip): _____

E-mail Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

6. The Tribal Youth's **Biological Father** is (full name, if known):

_____.

Tribal/ Clan Affiliation: _____ STA Enrollment #_____

Mailing Address (include City, State, Zip): _____

Physical Address (include City, State, Zip): _____

E-mail Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

7. The Tribal Youth's **current living situation** is:

Please explain who the Tribal Youth is currently living with, the address they are living at, and how long they have been living there.

_____

_____

_____.

8. **Other Potential Interested Parties**:
   ☐ None ☐ Unknown ☐ See Party(ies) Listed Below

   Full Name: _____
   Relationship to Tribal Youth: _____
   Tribal/ Clan Affiliation: _____ STA Enrollment #_____
   Mailing Address (include City, State, Zip): _____
   Physical Address (include City, State, Zip): _____
   E-mail Address: _____
   Cell Phone: _____ Home Phone: _____ Work Phone: _____

   Full Name: _____
   Relationship to Tribal Youth: _____
   Tribal/ Clan Affiliation: _____ STA Enrollment #_____
   Mailing Address (include City, State, Zip): _____
   Physical Address (include City, State, Zip): _____
   E-mail Address: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____

9. The **Co-Guardianship is necessary** because of the following:
   a. Please list any medical, physical, psychological, or educational needs the Tribal Youth is in need of currently.

      _____

      _____

      _____.

   b. Please list why you (the Petitioners) believe that the Tribal Youth's biological parent(s) is/are not capable, or willing, to assume responsibility for the Tribal Youth's welfare:

      _____

      _____

      _____

      _____.

   c. Please explain why appointing the Petitioners as Co-Guardians in this Guardianship is in the **best interest of the Trial Youth** (Please attach another page with extra content, if necessary):

      _____

      _____

      _____

_____
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_____.

Verification

I state on oath, or affirm, that I have read this petition and that all of the statements made in it are true and correct to the best of my knowledge and belief.

_____ _____
Date Petitioner's Signature

_____ _____
Date Co-Petitioner's Signature

Subscribed and sworn to, or affirmed, before me in Sitka, Alaska on _____.
Date

(Seal) _____
Tribal Court Clerk, Notary Public, or other person authorized to administer oaths.
My Commission Expires _____