IN THE SITKA TRIBE OF ALASKA
SITKA TRIBAL COURT

PETITION FOR GUARDIANSHIP OF A TRIBAL YOUTH - EXPEDITED

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

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

Petitioner asks [the Tribal Court] to be appointed the guardian of the Tribal Youth named above, pursuant to STA Children's Code Chapter IV Section 4.01.

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. 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: _____

5. 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: _____

6. 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.
_____
_____
_____.

7. **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: _____

8. The **Expedited 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 Petitioner) 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 list any **aggravated circumstances** (factors that increase the severity of the situation) or **other special facts** that would explain the s**ubstantial risk of abuse or injury and the need to move at an expedited pace**, (per STA Children's Code Sec. 4.01(b)):

    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____
    _____.

    d. Please explain why appointing the Petitioner as Guardian in this Expedited Guardianship is in the **best interest of the Trial Youth** (Please attach another page with extra content, if necessary):

    _____
    _____
    _____
    _____
    _____

_____
_____
_____
_____
_____
_____.

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

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 _____