

Qagan Tayagungin Tribal Court of Sand Point Village

\_\_\_\_\_, )  
 Petitioner )  
 )  
 v. ) Case No. \_\_\_\_\_  
 ) (Court Assigned)  
 )  
 \_\_\_\_\_, )  
 Respondent 1 )  
 )  
 \_\_\_\_\_, )  
 Respondent 2 )  
 )

PETITION TO USE THE TRIBAL COURT  
CHILD IN NEED OF AID

I, \_\_\_\_\_, wish to use the Tribal Court in the matter of a Child in Need of Aid case.

Relation to the child:  Mother  Father  Grandparent  Other relative  School Employee  Court Employee  Medical Professional  Other \_\_\_\_\_

Please give any details you can in the spaces provided on this form or on the back of this sheet. Please provide the following information:

**Petitioner**

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

**Respondent #1**

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

**Respondent #2**

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

**Maternal Grandparents**

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

**Paternal Grandparents**

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

**Maternal Aunts/Uncles**

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

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

**Paternal Aunts/Uncles**

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

**Other Person or Tribe with an Interest in the Child**

Name \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

**Child 1**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_, Gender \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

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

**Child 2**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_, Gender \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

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

**Child 3**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_, Gender \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

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

**Child 4**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_, Gender \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

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

**Child 5**

Name \_\_\_\_\_

Birthdate \_\_\_\_\_, Gender \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

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

1. Tribal Information:

Name of the Tribe the Child is enrolled in: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Enrollment #: \_\_\_\_\_

If the child is not enrolled in a tribe, please list the tribes the child is eligible to be enrolled in.

\_\_\_\_\_  
\_\_\_\_\_

2. Why do you believe that child needs protection? Has the child been injured due to neglect or abuse? Be specific as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is there any available written evidence of injuries, abuse or neglect (doctor's report, public health nurse report, etc.), or any other information that may be helpful in identifying the cause of the child's injuries or neglect? If yes, please attach copies.

Yes     No

\_\_\_\_\_  
(Signature of person applying to use tribal court)

\_\_\_\_\_  
(Print or type name of person applying to the tribal court)

\_\_\_\_\_  
(Date petition was signed)

(For Court Use Only)



\_\_\_\_\_/\_\_\_\_\_  
(Signature of person receiving petition) / Date