

Qagan Tayagungin Tribal Court of Sand Point Village

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

PETITION TO USE THE TRIBAL COURT
REQUEST FOR PARENTAL RIGHTS TERMINATED

I, _____, wish to use the Tribal Court in the matter of requesting for Parental Rights to be Terminated.

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 _____

Name _____

Address _____, City _____, State _____, Zip _____

Phone Number _____

Tribal Affiliation _____

Name _____

Address _____, City _____, State _____, Zip _____

Phone Number _____

Tribal Affiliation _____

Name _____

Address _____, City _____, State _____, Zip _____

Phone Number _____

Tribal Affiliation _____

Name _____

Address _____, City _____, State _____, Zip _____

Phone Number _____

Tribal Affiliation _____

Name _____

Address _____, City _____, State _____, Zip _____

Phone Number _____ Tribal Affiliation _____

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 _____

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 the parent's rights should be terminated? Be specific as possible.

3. Is there any available written evidence of 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

4. Is there any available written evidence to support termination of parental rights, if so is it attached to this form?

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

(Signature of person receiving petition)

/ Date

