

FAMILY COURT PETITION

Purpose: This form is used to request the court to consider petitions for:

- custody of a child;
- modification of a child custody order;
- visitation with a child;
- modification of a visitation order;
- support of a child; and
- modification of a child support order.

A parent or someone having actual physical custody of a child may petition for custody unless a divorce or adoption action is already in progress in the court.

How: You fill out this petition and you must serve a copy of the petition and summons on the parent or parents along with the notice of the time and place of the hearing on the petition. The clerk will set the time and place for the hearing.

Any party that desires custody must obtain a home study and an alcohol and drug evaluation. You may request an alcohol and drug evaluation from Spotted Bull Treatment Center or any qualified agency. Allow 45-60 days for the home study and evaluations to be completed.

If the parent, parents or parties concerned with the child agree to the terms of custody, a custody agreement form is attached for all concerned parties to fill out and sign. The signed agreement will be presented to the judge for approval and a formal hearing will not be necessary.

Copies: The original is stored in the court case file.
A copy is given to the named child's parent(s) or guardian(s).
A copy is retained by the petitioner.

Cost: There is a \$25.00 filing fee for this petition. There is also a \$25.00 process service fee that must be paid for at the time of filing.

**FORT PECK TRIBAL COURT
ASSINIBOINE AND SIOUX TRIBES
FORT PECK INDIAN RESERVATION
WOLF POINT, MONTANA**

IN THE MATTER OF:

) Cause No. _____

)

)

) **FAMILY COURT PETITION**

)

)

MINOR INDIAN CHILD(REN)

)

Petitioner(s), _____ respectfully states the following:

1. That the child(ren) listed below is (are) now living at
and is (are) being cared for by

Name of Child

Date of Birth

Enrolled

Name of Child	Date of Birth	Enrolled
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ (YES/NO) The child(ren) are currently wards of the Fort Peck Tribal Court.

_____ (YES/NO) The child(ren) are currently under the care and supervision of the Bureau of Indian Affairs or the State of Montana.

The child(ren) have been living on the Fort Peck Reservation for the following length of time: _____.

2. That the following are the parent(s) and/or guardian of the child(ren):

Mother

a. Name:_____.

Enrolled:_____.

Address:_____.

Phone: (____)-____-_____.

b. Father

Name: :_____Enrolled:_____.

Address:_____.

Phone:(____)-____-_____.

c. Guardian of the Child(ren)

Name:_____.

Enrolled:_____.

Address:_____.

Phone:(____)-____-_____.

This is a cause of action for:

_____ CHILD CUSTODY; Custody to_____.

_____ Modification; custody to_____.

_____ CHILD VISITATION; Visitation Time_____.

_____ Modification; visitation time_____.

_____ CHILD SUPPORT; Amount of support_____.

_____ Modification; amount of support_____.

Explain, in detail, your reasons for bringing this action:

THEREFORE, the petitioner(s) requests the Court grant the relief requested herein and any additional relief the Court feels is just and proper.

The parties to this action are hereby advised of their following rights:

1. To retain counsel at their own expense.
2. To call witnesses.
3. To ask questions of all witnesses.
4. To be present at all hearings of this matter.
5. To testify.
6. To present evidence.

DATED this _____ day of _____, 20____.

Petitioner

Petitioner

SIGNED AND SWORN to before me this _____ day of _____, 20____.

CLERK OF COURT

PERSONAL INFORMATION SHEET

PLEASE FILL OUT THIS PAGE COMPLETELY SO WE MAY SERVE YOU BETTER!

PETITIONER'S NAME: _____

ANY OTHER NAMES YOU HAVE USED, INCLUDING MAIDEN AND NICKNAMES

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME TELEPHONE NO. _____ CELL NO. _____

PLACE OF EMPLOYMENT: _____ WORK NO. _____

DATE OF BIRTH: _____ . PLACE OF BIRTH: _____

TRIBE: _____

-VS-

RESPONDENT'S NAME: _____

ANY OTHER NAMES YOU HAVE USED, INCLUDING MAIDEN AND NICKNAMES

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME TELEPHONE NO. _____ CELL NO. _____

PLACE OF EMPLOYMENT: _____ WORK NO. _____

DATE OF BIRTH: _____ . PLACE OF BIRTH: _____

TRIBE: _____