

**IN THE CROW TRIBAL COURT
 IN AND FOR THE CROW INDIAN RESERVATION
 P.O. BOX 489, CROW AGENCY, MT 59022
 PHONE: 406-638-7400 FAX: 406-638- 7415**

<p>IN RE THE CUSTODY OF: A) _____ B) _____ C) _____ D) _____ PETITIONER(s): _____ RESPONDENT(s): _____</p>	<p>Civil Case No. _____ PETITION FOR CHILD CUSTODY</p>
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Comes now the Petitioner(s) in the above entitled case and respectfully petitions this court for custody of the above minor children.

1. Petitioner(s) Information - PLEASE FILL OUT ALL INFORMATION NEATLY.

_____		_____
Mailing Address		Physical Address (Street Address or Description)
_____	_____	_____
Home and/or Cell Phone	DOB	Tribal Affiliation and/or Race

a) State your relationship to the above minor child(ren): _____

2. Respondent(s) Information

_____		_____
Mailing Address		Physical Address (Street Address or Description)
_____	_____	_____
Home and/or Cell Phone	DOB	Tribal Affiliation and/or Race

_____	_____
Name of Respondent's Employer	Address and physical description of Respondents Workplace/Work hours

a) State the relationship of the Respondent(s) to the above minor child(ren):

3. Is there an existing court order, petition, or pending hearing from any jurisdiction outside of the Crow Tribal Court regarding custody or visitation on any of the above named children?

No Yes. Please provide copy of court order or petition and name and location of court.

4. Minor Child(ren) Information

Minor Child #A Information

Full Name: _____ Gender: _____ DOB: _____

Enrolled Tribal Affiliation: _____

Name & location of most recent school attended/attending: _____

Grade: _____ Last day attended: _____

Name and address of person(s) with current physical custody including the length of time:

Minor Child #B Information

Full Name: _____ Gender: _____ DOB: _____

Enrolled Tribal Affiliation: _____

Name & location of most recent school attended/attending: _____

Grade: _____ Last day attended: _____

Name and address of person(s) with current physical custody including the length of time:

Minor Child #C Information

Full Name: _____ Gender: _____ DOB: _____

Enrolled Tribal Affiliation: _____

Name & location of most recent school attended/attending: _____

Grade: _____ Last day attended: _____

Name of Person with current physical custody including the length of time:

Minor Child #D Information

Full Name: _____ Gender: _____ DOB: _____

Enrolled Tribal Affiliation: _____

Name & location of most recent school attended/attending: _____

Grade: _____ Last day attended: _____

Name of Person with current physical custody including the length of time:

5. Please state where the above children have resided and with whom for the past six months:

6. If the above minor children are in the physical custody of persons other than the natural parents or petitioner(s), please name the individuals, their addresses, and their relationship to the child(ren):

7. Please state your reasons for filing for custody and why you feel this is in the best interest of the children:

8. Please propose a visitation schedule for Respondent(s), if any, you wish this court to consider and the reasons for such request:

WHEREFORE, based on the above statements, the Petitioner respectfully requests that this court take the following actions:

- 1. That the court grant custody of the above children to: _____;
- 2. That the court (list any other request) _____
_____.

I hereby certify that the above statements are true and correct to the best of my knowledge.

X _____
Signature of Petitioner

Date: _____

X _____
Signature of Petitioner

Date: _____

Signed and sworn before me on this _____ day of _____ 2015

SEAL

Court Clerk or Public Notary