IN THE NORTHERN CHEYENNE TRIAL COURT OF AND FOR THE NORTHERN CHEYENNE TRIBE LAME DEER, MONTANA

IN RE THE GUARDIANSHIP OF AN ADULT: Name of adult _____ Date of birth of adult _____	**Case No.** _____ **PETITION FOR APPOINTMENT OF GUARDIANSHIP OF AN ADULT**

Petitioner alleges as follows:

1. That this Court has jurisdiction over the parties and subject matter of these proceedings. *NCT Law and Order Code. Title I, Chapter 2, §1-2-1.*

2. Petitioner's name is: _____

3. Petitioner's mailing address is: _____

_____

4. Petitioner's relationship to the Adult is: ( ) Father ( ) Mother ( ) Brother ( ) Sister ( ) Son ( ) Daughter ( ) Nephew ( ) Niece ( ) Grandson ( ) Granddaughter ( ) Uncle ( ) Aunt ( ) Other _____

5. The names and addresses of relatives of the Adult is:

Father _____
If living, write in address. If deceased, check here ( ).

_____

_____

Mother _____
If living, write in address. If deceased, check here ( ).

_____

_____

Living children over age 18 of the Adult – If no children of the Adult over age 18, write names and addresses of the Adults brothers and sisters – If no brothers and sisters of the

Adult, write names and addresses of the Adults uncles and aunts and grandchildren over age 18.

6. Petitioner requests this Court to appoint _____

as guardian over _____ beginning on _____.

7. Petitioner alleges that guardianship over the Adult should be granted for the following reason(s):

8. Petitioner alleges that the Adult holds interest in or owns ( ) trust land ( ) fee patent land

( ) personal property ( ) income property, described as:

9. The value of each item checked is:

_____

_____

_____.

10. Describe the income the Adult receives including the amount, the source, and how often:

_____

_____

_____.

11. Petitioner alleges Adult receives income from other sources on a regular basis, described as:

Amount Source How often received

_____

_____.

12. Petitioner alleges the Adult has designated a payee whose name and address are:

_____

13. Petitioner has attached a statement or affidavit from a professional in support of this petition. ( ) Yes ( ) No

14. Petitioner requests the Court to issue a subpoena to compel the following person(s) to provide evidence at a hearing. Their names and addresses are:

_____

_____

_____.

15. Petitioner alleges an immediate temporary Ex Parte Order of Guardianship should be issued until a hearing can be held for the following reason(s):

_____

_____

_____

_____

_____

_____

_____.

Petitioner prays the Court to grant this petition and order that:

1. The Petition for Guardianship of an Adult is granted.

2. That a hearing on this matter be scheduled, and all parties be served a copy of the petition, a 20 day summons to answer, and if applicable, notice to appear at a hearing.

3. For such other and further relief as this Court deems necessary.

Dated this ____ day of _____, 20_____.

_____

Petitioner Signature

Petitioner's telephone number _____

Witnessed this_____ day if _____, 20___.

_____

Deputy Clerk of Court, Northern Cheyenne Court

IN THE NORTHERN CHEYENNE TRIAL COURT
OF AND FOR THE NORTHERN CHEYENNE TRIBE
LAME DEER, MONTANA

IN RE THE GUARDIANSHIP OF AN ADULT INCAPACITATED PERSON:)
)
)
_____)

C _____

REPORT OF PHYSICIAN OR OTHER PROFESSIONAL

I, _____ am a ( ) physician; ( ) physician's assistant; ( ) psychologist; ( ) registered nurse (check one) licensed to practice in the State of _____, submit the following report concerning the person named _____, an incapacitated person, based on an examination held on, or during the time frame of _____.

1. A specific description of the physical, psychiatric, or psychological diagnosis of the person:

2. A comprehensive assessment listing any functional impairment of the person and an explanation of how and to what extent these functional impairments may prevent that person from receiving or evaluating information in making decisions or in communicating informed decisions regarding himself/herself.

3. An analysis of the tasks of daily living the person is capable of performing without direction or with minimal direction.

4. A list of all medications the person is receiving, the dosage of the medications, and a description of the effects each medication has on the person's behavior to the best of declarant's knowledge.

5. A prognosis for improvement in the person's condition and a recommendation of the most appropriate rehabilitation plan or care plan.

6. Other information the physician, psychologist, or registered nurse deems appropriate.

7. What is the least restrictive living arrangement for the person examines.

8. Is there any reason why this patient cannot or should not personally appear in Court?

Date: _____

Signature: _____

Printed Name _____

Professional Address:

_____

_____

_____