

## **INSTRUCTION SHEET-GUARDIANSHIP/CONSERVATORSHIP PETITION**

1. \$40 filing fee.
2. Please fill out form to the best of your ability.
3. Include a signed letter from the proposed wards doctor stating why a guardianship and/or a conservatorship is needed.
4. Include a statement from the petitioner as to why you feel you should have guardianship and or conservatorship over the petitioner.
5. Include proof of enrollment of a Federally Recognized Tribe.
6. All items must be included at the time of filing.
7. Please see Title 22 of the KBIC Tribal Code for more information at [www.kbic-nsn.gov](http://www.kbic-nsn.gov). then go to Tribal Governance then Tribal Code.

**KEWEENAW BAY INDIAN COMMUNITY TRIBAL COURT  
TRIAL DIVISION  
L'ANSE INDIAN RESERVATION  
472 N. SUPERIOR AVENUE  
BARAGA, MICHIGAN 49908**

Case # \_\_\_\_\_

**PETITION FOR APPOINTMENT OF  
 GUARDIAN  
 CONSERVATOR**

In the matter/estate of: \_\_\_\_\_  
Print or Type Full Name

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address City State Zip

Phone #: \_\_\_\_\_

1. I, \_\_\_\_\_, am interested in this matter and make this petition as:  
Print or Type Petitioner's Name  
\_\_\_\_\_  
(relationship, agency/position title)

2. The interested parties, relationship and address are as follows:  
(List all parents, siblings and children [18 yrs of age] —a separate sheet may be attached)

3. The Petitioner, REQUESTS that the Court appoint the following individual as the  
 guardian and/or  conservator:

\_\_\_\_\_  
Name (Type or Print)

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

4. Pursuant of KBIC Tribal Code Section 22-3, 22-4, 22-31b, 22-32, 22-67b, 22-68: the Petitioner requests that the Court take the above-mentioned actions for the following reasons:

- The individual lacks sufficient understanding or capacity to make or communicate informed decisions concerning his/her person due to the following conditions:

- |   |   |
|---|---|
| <input type="checkbox"/> Mental illness                 | <input type="checkbox"/> Mental deficiency    |
| <input type="checkbox"/> Physical illness or disability | <input type="checkbox"/> Chronic use of drugs |
| <input type="checkbox"/> Chronic intoxication           | <input type="checkbox"/> Confinement          |

- The individual is an adult unable to manage his/her property and business affairs due to:

- |   |   |
|---|---|
| <input type="checkbox"/> Mental illness                 | <input type="checkbox"/> Mental deficiency    |
| <input type="checkbox"/> Physical illness or disability | <input type="checkbox"/> Chronic use of drugs |
| <input type="checkbox"/> Chronic intoxication           | <input type="checkbox"/> Confinement          |

- The individual to be protected has an estate of the approximate value as follows:

Real Property \$ _____	Personal Property \$ _____
Insurance \$ _____	Monthly Income \$ _____

- The individual to be protected is receiving benefits from governmental agencies as follows:

Social Security \$ _____	SSI	\$ _____
Michigan FIA \$ _____	FIA Case #	_____
Veterans Adm. \$ _____	VA Claim #	_____
Other \$ _____	Explain:	_____

The individual to be protected has:

5. Pursuant to KBIC Tribal Code Section 22-3, 22-31b, the Court may appoint as a guardian of a legally incapacitated person, a person whose appointment would be in the best interest of the legally incapacitated person.
6. Pursuant to KBIC Tribal Code Section 22-4, 22-67b, the Court may appoint as conservator of the estate of a legally incapacitated person a person whose appointment would be in the best interest of the legally incapacitated person.

7. Is this child subject to the jurisdiction of another Court order regarding placement?

8. Are you requesting an immediate appointment of Guardian and or Conservatorship? If yes, please provide evidence of the requirement for an immediate appointment.

9. Is the proposed ward represented by an attorney?

10. In your own words, please describe the current situation. If you need more room, feel free to use a separate sheet of paper.

I declare under the penalties of perjury that this petition has been examined by myself and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
**Petitioner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Petitioner Name (Type or Print)**

Subscribed and sworn to before me on \_\_\_\_\_

Notary Public \_\_\_\_\_ County

My commission expires on \_\_\_\_\_

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**PERSONAL INFORMATION SHEET**

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

PETITIONER'S NAME:

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MAILING ADDRESS:

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PHYSICAL ADDRESS:

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PHONE HOME/WORK:

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TRIBAL AFFILIATION:

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(IF YES, PLEASE SPECIFY WHICH TRIBE)

-VS-

RESPONDENT'S NAME:

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MAILING ADDRESS:

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PHYSICAL ADDRESS:

---

PHONE HOME/WORK:

---

TRIBAL AFFILIATION:

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(IF YES, PLEASE SPECIFY WHICH TRIBE)