

IN THE TRIBAL COURT OF THE CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

Guardianship of:)	Case Number:
)	
)	Petition for Appointment of Guardian
Incapacitated Adult)	For Incapacitated Adult
)	

Notice to all persons petitioning for appointment of a Guardianship:

By accepting appointment, a guardian submits personally to the jurisdiction of this court in any proceeding relating to the guardianship pursuant to the Family Law Code, Section 12.12.

The Court is bound by law to appoint as guardian for an incapacitated person the qualified person most suitable who is willing to serve, having due regard to any request for the appointment as guardian for an incapacitated person contained in a written instrument executed by the incapacitated person while competent, and the relationship by blood or marriage of the proposed guardian to the proposed ward, pursuant to Family Law Code, Section 12.12.

I. Basis

1.1 Identification and relationship to the Petitioner(s)

Name	
Address	
Relationship to Incapacitated Person	

Name	
Address	
Relationship to Incapacitated Person	

1.2 Identification of Alleged Incapacitated Person

Name	
Address	

1.3 Facts Indicating Incapacity

1.4 Reason for Seeking to be Appointed Guardian

1.5 Capacity to Serve as Guardian

1.6 Reasons Why Appointment of a Guardian is in the Best Interest of the Alleged Incapacitated Person.

1.7 By Filing This Petition You Swear, Subject to the Penalty of Perjury that the Following is True and Correct, The Petitioner(s) is/are:

- * Not a minor,
- * Not an incompetent
- * Not a convicted felon. If you are a convicted felon you must provide the Court with a written explanation as to why you should still be considered as a suitable Guardian. Include a copy of the conviction(s) along with the written explanation.

If a petitioner is a convicted felon the Court can only appoint you as a Guardian if the Court finds that there are no facts underlying the conviction such as to give a reasonable suspicion that you will be unfaithful to or neglectful of your trust or that appointment will not be in the best interest of the ward.

Dated: _____

Signature of Petitioner

Type or Print Name

Dated: _____

Signature of Petitioner

Type or Print Name

II. Certification

I certify under penalty of perjury that the foregoing representations are true and correct.

Signed at _____ (City), _____ (State) on _____ (Date).

Signature of Petitioner

Type or Print Name

Signature of Petitioner

Type or Print Name