IN THE TRIBAL COURT PUEBLO OF ACOMA STATE OF NEW MEXICO Petitioner(s) Case No. ____-GU-Respondent(s) IN THE MATTER OF THE GUARDIANSHIP OF (MINOR CHILD) Name: ___ DOB: _____ Tribal Member: □ Yes □ No Enrolled: □ Yes □ No Tribe: _____ Enrollment Number:

Eligible for Enrollment Mailing Address: Where has the child been residing for the last six months PETITION FOR APPOINTMENT OF GUARDIAN I request that the Court appoint a Temporary Guardian for the following reasons: 1. I am the [petitioner] [state your relationship] to the minor Name: DOB: Tribal Member: ☐ Yes ☐ No Enrolled: ☐ Yes ☐ No ☐ Non-Indian Tribe: Enrolment Number: Mailing Address: 2. I am the_____ [co-petitioner] [state your relationship] to the minor Name: ______DOB: _____ Tribal Member: ☐ Yes ☐ No Enrolled: ☐ Yes ☐ No ☐ Non-Indian Tribe: _____ Enrolment Number: _____ Mailing Address:

	The person(s) who should be named Guardian is/are:			
	Name of Guardian(s):			
	Relationship to Minor:			
	Address:			
	City/State/Zip:			
	<u>MOTHER</u>			
	Name: DOB:			
Tribal Member: □ Yes □ No Enrolled: □ Yes □ No Tribe:				
	Enrollment Number: Non-Indian Mother is deceased			
	Mailing Address:			
	<u>FATHER</u>			
	Name: DOB:			
Tribal Member: Yes No Enrolled: Yes No Tribe:				
	Enrollment Number: Non-Indian Father is deceased			
	Mailing Address:			
	The reasons that the minor needs a guardian is:			
The reasons that the filmor needs a guardian is.				
	(Attach additional pages if needed)			
	In support of this Petition I have attached the following:			
	☐ Medical documents; ☐ Mental health documents; ☐ Behavioral health documents			

	☐ Affidavits; ☐ Legal documents; ☐ Police reports; ☐ Court records; ☐ Other:			
7.	The Guardianship should be:			
	Temporary, beginning on this	s date and ending on this date:		
	; or			
	As determined by the Court.			
WHER	EFORE, I ask that the Court grant r	ny request.		
RESPI	ECTFULLY SUBMITTED:			
Date: _		_		
1)	Signature of Petitioner	Print Name		
	Petitioner Address	City/State/Zip		
	E-mail Address (Optional)			
	Home Phone	Cell/Work Phone		
2)	Signature of Co-Petitioner	Print Name		
	Co-Petitioner Address	City/State/Zip		
	E-mail Address (Optional)			
Нс	ome Phone	Cell/Work Phone		