

IN THE TRIBAL COURT
PUEBLO OF ACOMA
STATE OF NEW MEXICO

_____,
Petitioner(s)

Case No. _____-GU-_____

In the matter of the Adult Guardianship of

Name: _____ DOB: _____

Tribal Member: ☐ Yes ☐ No Enrolled: ☐ Yes ☐ No Tribe: _____

Enrollment Number: _____ ☐ Eligible for Enrollment

Mailing Address: _____

PETITION FOR APPOINTMENT OF GUARDIAN

I request that the Court appoint a Guardian for the following reasons:

1. I am the _____ [petitioner] [state your relationship] to the adult
Name: _____ DOB: _____
Tribal Member: ☐ Yes ☐ No Enrolled: ☐ Yes ☐ No ☐ Non-Indian
Tribe: _____ Enrollment Number: _____
Mailing Address: _____
2. I am the _____ [co-petitioner] [state your relationship] to the adult
Name: _____ DOB: _____
Tribal Member: ☐ Yes ☐ No Enrolled: ☐ Yes ☐ No ☐ Non-Indian
Tribe: _____ Enrollment Number: _____
Mailing Address: _____
3. The person(s) who should be named Guardian is/are:
Name of Guardian(s): _____
Relationship to Adult: _____
Address: _____
City/State/Zip: _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

☐ Medical documents;

☐ Mental health documents;

☐ Behavioral health documents;

☐ Affidavits;

☐ Legal documents;

☐ Police reports;

☐ Court records;

☐ Other: _____

☐ Temporary, beginning on this date _____ and ending on this date: _____;

☐ As determined by the Court.

WHEREFORE, I ask that the Court to grant my request.

RESPECTFULLY SUBMITTED:

Date: _____

_____ 1) Signature of Petitioner	_____ Print Name
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_____ Petitioner Address	_____ City/State/Zip
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E-mail Address (Optional)

_____ Home Phone	_____ Cell/Work Phone
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_____ 2) Signature of Co-Petitioner	_____ Print Name
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_____ Petitioner Address	_____ City/State/Zip
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E-mail Address (Optional)

_____ Home Phone	_____ Cell/Work Phone
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