

SKY CITY						
IN THE TRIBAL COURT	CA	ASE NO.:				
PUEBLO OF ACOMA						
STATE OF NEW MEXICO						
Petitioner						
VS.						
Respondent(s)						
Respondent(s)						
REQUEST TO ENF	FORCE/OBTAIN VISIT	TATION RIGHTS				
I state the following to be true:						
1. I am an enrolled member of t	he	Tribe/Pueblo and live at				
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2. My child(ren)'s grandc	child(ren)'s mother/father is a	n enrolled member of the				
T	ribe/Pueblo and lives at					
3. The following is/are my □ch	3. The following is/are my child(ren)'s grandchild(ren):					
Name of Child	Age	Date of Birth				

5. I have asked their mother/father to allow me to visit my child(ren)'s grandchild(ren), but she/he has refused to allow me to do so.

	Mother's Information:					
	Name:		Phone No.:			
	Address:					
	Physical:					
	P.O. Box					
	Email Address:					
	Father's Information:					
	Name:		Phone No.:	Phone No.:		
	Address:					
	Physical:					
	P.O. Box	City:	State:	ZIP		
	Email Address:					
I a	sk the Court to:					
1.	Order to appear and state their reasons for refusing to let me visit my child(ren)'s grandchild(ren).					
2.	Grant me the right to visit with my child(ren)'s grandchild(ren).					
		Respectfully Submitted,				
			Signature			
			Print Name			
			Address			
			Phone No. & Email A	Address		

Please provide both physical and post office box addresses for mother and father.