

INFORMATION OF PERSON FILING FORM:

Name: _____

Address: _____

Attorney for: _____

SHINGLE SPRINGS BAND OF MIWOK
INDIANS TRIBAL COURT
P.O. Box 531, Shingle Springs, CA 95682

**PETITION FOR CONSERVATORSHIP FOR
PER CAPITA PAYMENTS**
[FOR COURT USE ONLY]

CASE NO.: _____

Petitioner: _____ Respondent: _____

1. Petitioner Information:

a. Petitioner(s) Name(s): _____

b. Petitioner(s) Date of Birth: _____

c. Petitioner Home Address/Residence (street address, city and zip code):

d. Petitioner Mailing Address (if different from above):

e. Petitioner is: (check one):
 A family member of the person in need of a conservator of tribal per capita payments;
or
 The Tribe

f. Petitioner is a Tribal Member: Yes or No

g. Criminal History:
 I do not have any criminal history of fraud, theft, or embezzlement; or
 I do have a criminal history of fraud, theft, or embezzlement. Please explain:

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Check here if the petitioner is not the proposed conservator. You will need to complete an attachment to this form providing information about the conservator.

2. Tribal Member subject to this Petition Information:

Tribal Member Name: _____

Tribal Member Date of Birth: _____

Tribal Member Home Address/Residence (street address, city and zip code):

3. Relative's Information:

List the names and addresses of the Tribal Member's relatives below:

Relationship to Tribal member	Name	Home Address (street, City, Zip Code)

4. Request to Court:

- I, the petitioner named above, am requesting that the court deems the tribal member legally incompetent and appoint a conservator, for the tribal member subject to this petition, for the purpose of managing his/her per capita payments from the Shingle Springs Band of Miwok Indians.
- The tribal member is ___ temporarily or ___ permanently incapable of managing his/her financial affairs due to mental deficiency or physical disability.
- A doctor's recommendation for demonstrating that the tribal member subject to this petition is in need of a conservator to manager his/or tribal per capita payments is attached to this petition.

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I declare under penalty of perjury under the laws of the Shingle Springs Band of Miwok Indians that the foregoing is true and correct.

Petitioner Name	Petitioner Signature	Date
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NOTICE TO PETITIONER: You must personally serve a copy of the Petition on the relatives of the tribal member subject to this petition and may request the assistance from Tribal Police or Tribal Services. This means that someone who is over the age of 18 and is not a party to the case must hand deliver a copy of the petition to the relatives, and complete a proof of service then file it with the court.