SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT
P.O. Box 1340, Shingle Springs, CA 95682
Telephone: (530) 698 – 1446;
Website: https://www.shinglespringsrancheria.com/tribal-court/

Please provide your information:

Name: _____

Address: _____

_____

Phone: (_____)_____

Check which applies. I am the:

☐ Conservator

☐ Conservatee

☐ Tribal Services Advocate/Fiduciary

☐ Attorney/Advocate for:

CASE NO.: _____

PETITION TO MODIFY CONSERVATORSHIP
[FOR COURT USE ONLY]

1. ☐ I petition that this Tribal Court modify the existing conservatorship as follows.
2. The Conservatee is (*name*): _____.
   a. The person is a Tribal Member. ☐ Yes / ☐ No
   b. The person's date of birth is: _____(*Month*)/_____(*Date*)/_____(*Year*).
   c. The person's home address is: _____

      _____.
   d. The person's mailing address (*if different than home address*) is**:**

      _____

      _____.

CASE NAME:	CASE NO:

3. The current conservator is (*name*): _____.

4. ☐ It has ☐ has not been 30 days after the court filed the order appointing the conservator.

5. The current fiduciary is (*name*): _____.

6. I request modification of this conservatorship because: (*check any that apply*):

   ☐ I am the current conservator/fiduciary and I wish to resign.

   ☐ I am the current Conservatee who was once found to be legally incompetent but am now able to handle my affairs involving my Per Capita Distributions/Elder Stipend from the Shingle Springs Band of Miwok Indians.

   ☐ I am the current Conservatee who was once found to be legally incompetent but am now able to handle my personal care.

   ☐ I am the Tribal Services Advocate assigned to this case and I believe the conservator is not fulfilling their duties towards the Conservatee.

   ☐ I am the conservator or Enrollment Department representative notifying the Court that the Conservatee has died. [*Attach documentation of death.*]

   ☐ The Conservatee is no longer receiving Per Capita Distributions/Elders Stipend [*if Conservatorship of the Estate*].

   ☐ Other: _____

7. (*Optional*) Explanation of Reason.
   It is my belief that the conservatorship must be modified because: ***Note***: Reason must show significant change and that it is in best interest of conservatee for modification of conservatorship.

   ☐ (*check box if additional pages are attached*.)

_____

_____

_____

_____

CASE NAME:	CASE NO:

8. **Relative's Information:**

List the names and addresses of the Conservatee's family members below:
➔Note: Family Members refer to spouse/domestic partner, parents, grandparents, siblings and children over 18 years of age. If address unknown, write "unknown".

Relationship to Conservatee	**Name**	**Home Address (Street, City, Zip Code)**

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

_____ Date: _____
Petitioner Name [*PRINTED OR TYPED*]

_____
Petitioner Signature