SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT
P.O. Box 1340, Shingle Springs, CA 95682

INFORMATION OF PERSON FILING FORM:

Name: _____

Address: _____

_____

Phone: ( ) _____

I am: (check which applies)
☐ Petitioner
☐ Attorney/Advocate for:

_____

CASE NO.: _____

PETITION FOR MODIFICATION OR TERMINATION OF GUARDIANSHIP
[FOR COURT USE ONLY]

In re: (*Name of Child*): _____

Date original Guardianship was ordered: (*Month/Date/Year*): _____

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 child; or

☐ The Guardian by order of the court; or

☐ The child and age of 14 years or older; or

☐ The Tribe; or

☐ Other interested person: (*Please explain relationship to the child*).

_____

_____

f. Petitioner is a Tribal Member: ☐ Yes or ☐ No

2. Request to Court - Reason Child Needs a Modification of the Guardianship:

a. I, the Petitioner, am requesting the court (*check one*) ___Modify or ____Terminate, the guardianship.

b. It is in the best interest of the child to have a guardianship modified because of the following reasons: (*check all that apply*):

☐ The biological parent(s) have made significant changes that allow them to reunify with the child.
☐ The child has/have suffered serious physical or emotional harm inflicted non-accidentally upon the child by the guardian(s).
☐ There is substantial risk that the child will suffer serious physical or emotional harm if left in the care of the guardian(s).
☐ The guardian(s) has failed to adequately supervise, care for, protect the child.
☐ The guardian(s) wants to voluntarily relinquish guardianship and a suitable alternative guardian is available.
☐ The guardian(s) is incarcerated, institutionalized or otherwise unable to provide adequate care for the child.
☐ The guardian is deceased.

REQUIRED: Please provide a written explanation, **using specific facts**, why the court should modify or terminate the guardianship for the child that supports the boxes checked above or supporting another reason not listed above:

_____

_____

_____

_____

_____

_____

_____

CASE NAME:	CASE NO.:

☐ Check here if additional pages are attached.

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

Petitioner Name	Petitioner Signature	Date

NOTICE TO PETITIONER: You must personally serve a copy of the Petition on the biological parents of the child, and the guardian(s). 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 parents and guardian(s), and complete a complete a proof of service then file it with the court. You may request the assistance from Tribal Police or Tribal Services.