

ORDINANCE #59 APPLICATION

Date of Application: _____

Name: _____
(First , Middle , Last)

Mailing Address: _____
PO Box or Street and Number City/Town State Zip

Physical Address: _____
Street Address (Number and Street Name) Apartment # City/Town State Zip

Phone Number(s): _____

Elderly (Over Age 55)? : _____ Disabled? : _____ (Copy of Disability Award to be attached)

Self-Referred? : _____ Elderly Protection Team referred? : _____

Date Accepted: _____ Date Dispatch Notified: _____

Received by Staff Member: _____
(Court Staff Member / Clerk Signature)

PLEASE NOTIFY the Mediator/Magistrate if there is a change in the address, family composition, removal from Ordinance #59 protection list request. When you move from one unit to another, if there is a change in the person responsible for the home, a move to a nursing home, if the guardianship of a person changes or is no longer in effect, are some examples of times to notify the office.

No writing or personal contact is needed – a telephone call to (605) 964-6602 is all that is needed. This is to prevent trips to the office or writing out a statement and mailing or bringing it to the office. This is for the benefit of the elderly and disabled.

Two ordinance #59 signs will be provided, to be placed in conspicuous locations at the residence, so the CRST Law Enforcement can easily identify the home.

The Elderly Protection Team can also be contacted for assistance.

Change of Address (Phone # also) _____

Name of New Responsible Party: _____

Date removed from the list: _____

CHEYENNE RIVER SIOUX TRIBAL COURT)
CHEYENNE RIVER SIOUX TRIBE :§
CHEYENNE RIVER INDIAN RESERVATION)

AFFIDAVIT

Comes now, _____, who, on his/her oath states and deposes the following:

Request Ordinance #59 protection on the following residence:

Home Owner / Tenant:

Phone Number(s): _____

House Number:

Physical Address: _____
(Community, City, State & Zip Code)

Mailing Address: _____
(PO Box, City, State & Zip Code)

Reason or Qualification: Elderly Disabled Age:

at Eagle Butte, South Dakota this _____ day of _____ 20_____
(Day) (Month) (Year)

AFFFIANT

Submitted and Received on this _____ day of _____, 20____

NOTARY PUBLIC OR Mediator/Magistrate – CRST Courts

My Commission expires: _____

Date Approved:

Date Dispatch Notified

Date request received to remove protection from above unit: