

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

IN CIVIL COURT

Eagle Butte, South Dakota

IN THE MATTER OF:)

PETITION FOR LETTERS OF
GUARDIANSHIP

)
)
)
)

Alleged Incompetent Person / Minor Child)

CASE NO. _____

DOB: _____)

1. Petitioner(s), _____ is / are of the _____
_____ federally recognized tribe and a resident of: _____
_____: and

2. The Respondent is an enrolled member of the _____ federally
recognized tribe and his / her Placement / Residence is:
a. Placement at _____, and receives mail at _____
_____, Located outside the exterior boundaries of the
Cheyenne River Sioux Tribe; or
b. Residence is _____, within the Jurisdiction of the Court and
receives mail at _____

3. Petitioner(s) request this Court to grant letters of Guardianship over the person of Respondent as to the
following legal areas:
_____ Financial Guardianship _____ Medical Guardianship _____ Housing Decisions
_____ OTHER: _____

4. The Petitioner(s) believe that the Letters of Guardianship are necessary in protecting the Respondent based
on the following facts alleged:

5. The Names, Addresses and relationship of the immediate relatives, and next of kin of the Respondent know to the Petitioner(s) are:

a. Name: _____
 Address: _____

 Relationship: _____

c. Name: _____
 Address: _____

 Relationship: _____

b. Name: _____
 Address: _____

 Relationship: _____

d. Name: _____
 Address: _____

 Relationship: _____

6. The Respondent for whom Petitioner(s) request Letters of Guardianship is now being cared for by the following: _____ who resides at _____
 And receives mail at: _____

7. That to the best of my knowledge, Letters of Guardianship:
 _____ have been issued by the court to: _____
 Or
 _____ have not been issued by this Court.

WHEREFORE, Petitioner(s) pray(s) that this Court grant Letters of Guardianship over the person of Respondent as stated above.

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

 PETITIONER (Signature)

 PETITIONERS ADDRESS

 PETITIONERS PHONE #

Subscribed and Sworn to before me on this _____ day of _____, 20_____

 NOTARY PUBLIC OR CLERK
 My Commission expires: _____