

CHEYENNE RIVER SIOUX TRIBAL COURT) IN CIVIL COURT
 CHEYENNE RIVER SIOUX TRIBE : §
 CHEYENNE RIVER INDIAN RESERVATION) 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 known to the Petitioner(s) are:

a. Name: _____
Address: _____

Relationship: _____

b. Name: _____
Address: _____

Relationship: _____

c. 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: _____