

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

**IN CHILDREN'S COURT**

Eagle Butte, South Dakota

IN THE INTEREST OF:

\_\_\_\_ DOB: \_\_\_\_\_ )  
 \_\_\_\_\_ DOB: \_\_\_\_\_ )  
 \_\_\_\_\_ DOB: \_\_\_\_\_ )  
 \_\_\_\_\_ DOB: \_\_\_\_\_ )

**PETITION  
FOR  
VISITATION**

MINOR CHILD(REN) and CONCERNING

\_\_\_\_\_  
 PETITIONER(S) )

Case No. \_\_\_\_\_

VS.

\_\_\_\_\_  
 RESPONDENT(S) )

The undersigned Petitioner(s) respectfully represents and states:

1. Is / Are the above named minor child(ren) enrolled : ☐ YES ☐ NO

2. Name of the Tribe Child(ren) are enrolled with: \_\_\_\_\_

3. Name of the Child(ren)'s Mother: \_\_\_\_\_

4. Address of Child(ren)'s Mother: \_\_\_\_\_

( Physical Address , Printed – Street / Location, City, State, Zip )

( Mailing Address, Printed – Street or PO Box, City State, Zip )

5. Name of Child(ren)'s Father \_\_\_\_\_

6. Address of Child(ren)'s Father: \_\_\_\_\_

( Physical Address , Printed – Street / Location, City, State, Zip )

( Mailing Address, Printed – Street or PO Box, City State, Zip )

7. Petitioner's relationship to the Child(ren): \_\_\_\_\_

8. Is the Petitioner an enrolled Tribal Member: ☐ YES ☐ NO

9. Name of Tribe where Petitioner is enrolled: \_\_\_\_\_

10. Is the Respondent(s) enrolled Tribal Members: ☐ YES ☐ NO

11. Name of Tribe where Respondent(s) are enrolled: \_\_\_\_\_

12. Name of Tribe where Father is enrolled: \_\_\_\_\_
13. Name of Tribe where Mother is enrolled: \_\_\_\_\_
14. Have the parents of the child(ren) ever been married: ☐ YES ☐ NO
15. Are the Parents divorced? ☐ YES ☐ NO
16. The child(ren) is / are in the physical custody of: \_\_\_\_\_  
\_\_\_\_\_
17. The facts which bring said child(ren) within this Court's Jurisdiction are as follows:  
*( State what you are requesting from the Court and Reason why ) :*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Whereas, the Petitioner(s) respectfully requests this Court for:

1. A hearing;
2. An Order of Visitation pending a Hearing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(Day) (Month) (Year)

\_\_\_\_\_  
PETITIONER(S)

\_\_\_\_\_  
PETITIONER(S)

\_\_\_\_\_  
PETITIONER ADDRESS / PHONE NUMBER

\_\_\_\_\_  
PETITIONER ADDRESS / PHONE NUMBER

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Subscribed and Sworn to, before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(Day) (Month) (Year)

( SEAL )

\_\_\_\_\_  
NOTARY PUBLIC OR CLERK

My Commission expires: \_\_\_\_\_