



APPLICATION FOR EMERGENCY TEMPORARY GUARDIANSHIP ORDERS

SAC AND FOX NATION DISTRICT COURT
356159 EAST 926 ROAD, STROUD, OK. 74079

PHONE: (918)968-2031 FAX: (918)968-3781

Court Personnel

Charlotte Smith, Court Administrator
Amy Goodman, Deputy Court Clerk
Jody Selfridge, Deputy Court Clerk
Andrew Dame, Court Officer
R. Daniel Carter, Attorney General
Stephen Ward, Tribal Attorney

District Court

Chief Judge, Gregory Bigler
Judge, Michael C. Smith
Judge, Jon D. Douthitt
Judge, Darrell Dowty

Supreme Court

Chief Justice, O. Joseph Williams
Vice Chief Justice, Timothy Posey
Justice, Larry K. Lenora
Justice, Barbara A. Dakin
Justice, Joe C. Taylor

The forms in this packet are to be used for your use as a guide or as the actual document you will file when seeking an Emergency Temporary Guardianship Orders. Please read the instructions carefully before completing the forms.

Remember that the Court Clerks cannot accept petitions that do not conform to the instructions in this packet. **Should you need assistance in preparing the petition, you must consult an attorney at your own expense or your local legal aid.** The Court Clerks are prohibited by Ethical Code and Court Rules to provide legal advice and in helping parties complete or prepare court documents. Court Clerks cannot advise you on how to proceed or what forms may be necessary in specific situations.

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DISCLAIMER

Forms available should not be considered legal advice, and are provided only for reference purposes. These forms are provided only as a guide in developing a form for a particular case and set of facts. The content and format of forms not specifically determined by the Sac and Fox Nation Tribal Code or court rule may require modifications to suit the specifics of a given case.

The publication of these forms is in no way a representation that they are either appropriate for use in a particular case or situation or that they are adequate for use without modification or elaboration.

To obtain legal advice and to ensure the proper use of this material, you should contact a lawyer.

By using, you are certifying that you have read, understand and agree with this disclaimer.

FILING INSTRUCTIONS-PLEASE READ

APPLICATION FOR EMERGENCY TEMPORARY GUARDIANSHIP ORDERS

1. *Application* **MUST** be signed in front of the Court Clerk or a notary public when you are ready to file.
2. **All Individuals** who want to file should bring:
 - Completed Application
 - Completed Summons (fill in the style and the name and address of the party to be served)
 - Tribal Membership Card/CDIB
 - FILING FEES \$110 + service/summons fee of \$25 within jurisdiction, \$15 outside jurisdiction (service/summons fee is per Summons)
3. Filing Fees, copy fees etc., **MUST** be made in the form of:
 - a. in person Credit/Debit Card Payment (3% convenience fee incurred),
 - b. Online payment via CitePay USA (instructions on website),
 - c. Cashiers' check, Money Order or Personal Check made payable to "Sac and Fox Nation Tribal Court"; **OR**
 - d. Cash in the exact amount due. The Court does not keep cash on hand for making change. Filing fees **MUST** be paid at the time of filing your petition.
4. Submit original *Application* for the Court file. The Court Clerk will provide you **one** copy of the Application for your own records.
5. Your *Application* **MUST** have the FULL ADDRESS (city, state and zip code) of both parties. Obtaining this information is your responsibility.

OFFICE HOURS: 8:00 AM - 4:30 PM, MONDAY – FRIDAY

DISTRICT COURT FOR THE SAC AND FOX NATION
356159 EAST 926 ROAD, STROUD, OKLAHOMA 74079
Charlotte Smith, Court Administrator
Amy Goodman, Deputy Court Clerk
Jody Selfridge, Deputy Court Clerk
Andrew Dame, Court Officer

PHONE: (918)968-2031
FAX: (918)968-3781

**IN THE DISTRICT COURT FOR THE SAC AND FOX NATION
356159 EAST 926 ROAD, STROUD, OKLAHOMA 74079**

In the Matter of the Guardianship of:)
_____))
_____))
_____))
_____))
_____))

PG-_____-_____

Minor Child(ren).

APPLICATION FOR EMERGENCY TEMPORARY GUARDIANSHIP ORDERS

Comes now the Petitioner, _____, (relationship to minor child(ren) _____), and moves the Court to issue emergency temporary orders in this action. In support of this *Application*, Petitioner informs the Court as follows:

1. That this Court has personal jurisdiction to hear and decide this matter in that the Petitioner is an enrolled member of the _____ Tribe/Nation and that the minor child(ren) is/are eligible for enrollment or is/are an enrolled member of/with the _____ Tribe/Nation.

2. That this Court has territorial jurisdiction to hear and decide this matter in that the Petitioner and said minor child(ren) reside within the territorial boundaries of the Sac and Fox Nation of Oklahoma, said residence being _____.

3. Minor Child(ren):

_____	D.O.B.:	____ \ ____ \ ____	Tribe:	_____
_____	D.O.B.:	____ \ ____ \ ____	Tribe:	_____
_____	D.O.B.:	____ \ ____ \ ____	Tribe:	_____
_____	D.O.B.:	____ \ ____ \ ____	Tribe:	_____
_____	D.O.B.:	____ \ ____ \ ____	Tribe:	_____

4. That the biological parents, _____, natural mother, and _____, natural father.

5. That the natural mother's full name is _____; mailing address _____; _____; _____; that the natural father's full name is _____; mailing address _____; _____; _____;

6. [] To the best of my knowledge, information and belief, neither the Sac and Fox Nation nor any other state including the State of Oklahoma or tribe have an open investigation concerning the welfare of this/these child(ren).

OR

[] There is an open investigation by _____ involving this child/children.

7. [] To the best of my knowledge, information and belief there is no other custody proceeding pending in any state or other jurisdiction concerning a child subject to this affidavit and petition.

OR

[] There is a current pending custody matter in the Court of the _____, Case Number: _____ of what type? _____.

8. The following adults (18 years or older) reside in the home, or will frequently stay in the residence: (please attach a separate page for additional individuals)

1. Full Legal Name: _____
Date of Birth: ____/____/____ Sex: M / F Last four #s of SSN: _____

2. Full Legal Name: _____
Date of Birth: ____/____/____ Sex: M / F Last four #s of SSN: _____

3. Full Legal Name: _____
Date of Birth: ____/____/____ Sex: M / F Last four #s of SSN: _____

4. Full Legal Name: _____
Date of Birth: ____/____/____ Sex: M / F Last four #s of SSN: _____

9. That the temporary/emergency orders are requested because:

10. The Petitioner believes it is in the best interest of this child/these children for this Court to provide Emergency Temporary Guardianship of the minor child(ren) to the Petitioner.

IN THE DISTRICT COURT FOR THE SAC AND FOX NATION
356159 EAST 926 ROAD, STROUD, OKLAHOMA 74079
PHONE: (918) 968-2031

In the Matter of the Guardianship of:)
_____,)
_____,) PG- ____-____
_____,)
Minor Child(ren).)

Summons

THE SAC AND FOX NATION TO:

Name: _____
Address: _____
City/State/Zip: _____

Greetings:

You are hereby notified that an **Application for Emergency Temporary Guardianship Orders** has been filed in the Sac and Fox District Court. You have twenty (20) days from the date of service to file an Answer.

You are hereby summoned and notified that the Court will hear the evidence in support of and in opposition to the granting of said **Application for Emergency Temporary Guardianship Orders** at the Sac and Fox District Courthouse located 5 miles South and ¼ mile East of Stroud, Oklahoma on the ____ day of _____ 20____ at the hour of ____:____ a.m..

YOU MAY SEEK THE ADVICE OF AN ATTORNEY ON ANY MATTER REGARDING THIS SUIT OR YOUR ANSWER.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on _____, 20____.

SAC AND FOX NATION, Court Clerk

[SEAL]

By: _____ Clerk/Deputy

RETURN OF SERVICE

Received this on the ____ day of _____, 20____, at _____ am/pm, and executed the same on the ____ day of _____, 20____, at _____ am/pm, to:

Dated: _____ Police Officer

**IN THE DISTRICT COURT FOR THE SAC AND FOX NATION
356159 EAST, 926 ROAD, STROUD, OKLAHOMA 74079**

To: _____
(Name of Child 14 years or older)

(Address)

Case No. PG-

NOTICE OF HEARING

You are hereby notified that a Petition has been filed alleging that you are incapacitated, partially incapacitated person and you are incapable of caring for yourself, managing your property.

A copy of the Petition is attached.

The hearing on the Petition will be held on ____ day of _____ 20__ at _____ am/pm, at the Sac and Fox District Courthouse, located 5 miles south and 1/4 mile east of Stroud, Oklahoma.

At the hearing a guardian, limited guardian may be appointed for your person/ property. The Judge will explain to you the nature, purpose and effect of the proceedings.

You have the right to attend the hearing. You may confront and cross-examine all witnesses and present your own witnesses. You have the right to request that your hearing be closed to the public. You may request that an expert be appointed to examine you and if the Judge believes that an examination is necessary, the Judge will order an evaluation to be done.

You have the right to hire an attorney of your choice to represent you. If you do not have an attorney and cannot hire one, and you wish to be represented by an attorney at the hearing, the court may appoint one for you if funds are available. If you are able, you will be required to pay the cost of an attorney appointed by the court.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on _____.
SAC AND FOX NATION, Court Clerk

[SEAL]

By: _____ Clerk/Deputy

RETURN OF SERVICE

Received this on the ____ day of _____, 20__, at _____ am/pm, and executed the same on the ____ day of _____, 20__, at _____ am/pm, to:

Dated: _____ Police Officer

**IN THE DISTRICT COURT FOR THE SAC AND NATION
356159 EAST 926 ROAD, STROUD, OKLAHOMA 74079**

In the Matter of the Guardianship of: _____)
 _____, DOB: _____)
 _____, DOB: _____)
 _____, DOB: _____) **CASE NO.**
 _____, DOB: _____)
 _____, DOB: _____)

CONSENT TO APPOINTMENT OF GUARDIAN

COMES NOW, _____ biological mother/father of minor children:

Name: _____	D.O.B.: _____/_____/_____
Name: _____	D.O.B.: _____/_____/_____
Name: _____	D.O.B.: _____/_____/_____
Name: _____	D.O.B.: _____/_____/_____
Name: _____	D.O.B.: _____/_____/_____

And consents to the appointment of: _____ as guardian over his/her/their person and estate.

Signed and dated this _____ day of _____, 20____.

 Biological mother or Biological Father

Address: _____

Phone: _____

STATE OF OKLAHOMA _____)
 _____) **SS:**
 COUNTY OF _____)

Before me, the undersigned, a Notary Public within and for the State of _____, on this _____ day of _____, 20____, personally appeared, and executed the foregoing Consent to Appointment of Guardian, and personally acknowledged to me that he/she has read, understood and signed the same, and that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF I have hereunto affixed my signature and official seal the day and date heretofore stated.

My Commission Expires:

 Notary/Clerk of the Court