

INSTRUCTIONS FOR FILING
IMPORTANT INFORMATION
PLEASE READ!!!

Should you need assistance in preparing any documents, you must consult with an attorney at your own expense. This court does not have legal aid. Court Clerks are prohibited by Ethical Code and Court Rules to provide legal advice and help parties prepare or type court documents. Different situations may require special procedures and the Court Clerks **CANNOT** advise you on how to proceed or what forms may be necessary in specific situations.

1. Submit ORIGINAL documents. Documents must be signed in front of the Court Clerk or a notary public when you are ready to file.
2. Filing fees, copy fees, etc. must be made in the form of a MONEY ORDER payable to “Ponca Tribal Court” OR a debit/credit card. Filing and service fees MUST be paid at the time of filing your petition. If you are unsure of the amount of the filing fees, contact the Court Clerk. Fees are non-refundable.
3. Documents must have the FULL ADDRESS including street, city, state & zip of the parties to be served. Obtaining this information is your responsibility.
4. Petitions filed MUST have copies of the following items included:
 - Identification
 - Tribal Enrollment Cards/CDIB cards
 - Relevant Birth Certificates

- Relevant Death Certificates

Obtaining these documents is YOUR responsibility.

Fees

1. FILING FEE - A filing fee of **\$65.00** is required when filing a Petition. There is no cost to file a Protective Order, but there is a service fee. See below. Please be prepared to inform the Court Clerk as to which type of Process Service you will be utilizing at the time of filing your packet.

2. SERVICE FEE - All parties must be notified of the filing of a Petition and any pending hearings. Respondents are allowed twenty (20) days from service of a Petition to file an answer with the Court. It will be at least a month from your file date before a court date will be set unless the Respondent signs a Waiver. A Notice of Hearing and/or Summons may be served by BIA Police within White Eagle for a Service Fee of **\$40.00**. If the parties reside outside of White Eagle, a private process server may need to be hired for service at a starting rate of **\$50.00**. You will be billed for the remaining due amount. The Notice may also be served through Certified Mail. A Service Fee of **\$20.00** will be assessed for the Court Clerk to mail the Notice.

3. PUBLICATION FEE - It is required by law that Notice be given to the Respondent, so it is necessary to have a current mailing and physical address for this person. If you **do not have** an address, additional charges will need to be paid to obtain Notice by Publication in the local newspaper. THIS FEE CANNOT BE WAIVED AND WILL NEED TO BE PAID WHEN FILING FORMS. A fee of **\$75.00**

(average publication cost) will be assessed. Keep in mind that the fee assessed for publication is an average cost and it could cost more. If the cost is more than \$75.00, you will be responsible for the balance due at the end of publication. Name change, adoption, and other petitions/documents require publication also. You will be responsible for the charges.

Court Clerks WILL NOT accept documents that do not conform to these Instructions.

You must also file a Contact Information Sheet and a Summons.

THANK YOU

CONTACT INFORMATION

Plaintiff/Petitioner's Full Name: _____

Previous Names: _____

If Married, To Whom: _____ Date: _____ City/County/State: _____

Divorced or Separated From: _____ Date: _____

Mailing Address (Including County): _____

Physical Address (Including County): _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

DOB: _____ SSN: _____

Born in City/County/State: _____ Birth Certificate No: _____

Race: _____ If Native American, Which Tribe: _____ CDIB No: _____

Attorney: _____

Defendant/Respondent's Full Name: _____

Previous Names: _____

If Married, To Whom: _____ Date: _____ City/County/State: _____

Divorced or Separated From: _____ Date: _____

Mailing Address (Including County): _____

Physical Address (Including County): _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

DOB: _____ SSN: _____

Born in City/County/State: _____ Birth Certificate No: _____

Race: _____ If Native American, Which Tribe: _____ CDIB No: _____

Attorney: _____

If asking for a Protective Order, fill out the following also (regarding Defendant/Respondent):

DL No: _____ DL State: _____ DL Exp: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Distinguishing Features (Tattoos, Scars, etc.) _____

**IN THE DISTRICT COURT FOR
THE PONCA TRIBE OF OKLAHOMA
WHITE EAGLE, OKLAHOMA**

**IN THE MATTER OF THE
GUARDIANSHIP OF:**

_____,)
)
)
)
DOB: _____;)
)
Incapacitated Adult.)

Case No. GD-_____

PETITION FOR GUARDIANSHIP OF INCAPACITATED ADULT

COMES NOW, _____, Petitioner herein, Pro Se and for this cause of action, the Petitioner alleges and states the following:

1. Statement of Jurisdiction.

INSTRUCTIONS: Check ALL boxes that apply.

- Plaintiff/Petitioner is a member of the Ponca Tribe of Oklahoma.
- Defendant/Respondent is a member of the Ponca Tribe of Oklahoma.
- Plaintiff/Petitioner is a resident of or is employed within White Eagle wherein this Petition is filed.
- Defendant/Respondent is a resident of or is employed within White Eagle wherein this Petition is filed.
- Plaintiff/Petitioner is an Indian who resides within the Indian country of the Ponca Tribe of Oklahoma wherein this Petition is filed.
- Defendant/Respondent is an Indian who resides within the Indian country of the Ponca Tribe of Oklahoma wherein this Petition is filed.
- Plaintiff/Petitioner is a member of the _____ Tribe.
- Defendant/Respondent is a member of the _____ Tribe.

2. That _____, adult incapacitated herein, is an enrolled member of the _____ Tribe of Oklahoma. A copy of the adult incompetent's Tribal enrollment card/Certificate Degree of Indian Blood is submitted along with the petition to the Court.

3. That the adult incapacitated is _____ years old and was born on _____, _____. A copy of the adult incapacitated's birth certificate is submitted along with the petition to the Court;

4. That the adult incapacitated resides at _____ (INCLUDE CITY, STATE & ZIP) and has lived at this address for _____ (STATE LENGTH OF TIME IN MONTHS OR YEARS AT THIS ADDRESS);

That the Petitioner is an enrolled member of the _____ Tribe of Oklahoma and the Petitioner's address is _____; (INCLUDE CITY, STATE & ZIP) OR

That the Petitioner is non-Indian and the Petitioner's address is _____; (INCLUDE CITY, STATE & ZIP)

5. That according to the Petitioner's knowledge, the adult incapacitated, does not have a Court appointed guardian and a guardian needs to be appointed for the reason that: (EXPLAIN IN DETAIL WHY A GUARDIAN NEEDS TO BE APPOINTED)

6. That the adult incapacitated needs a guardian appointed to provide for her/his care and maintenance and to oversee her/his affairs, both medically and financially;

7. That the Petitioner is the _____ (STATE RELATIONSHIP) of the adult incapacitated;

8. That the closest blood relatives names, addresses and relationship to the adult incapacitated, so far as know to the Petitioner are:

(LIST EACH CLOSEST BLOOD RELATIVE'S NAME, FULL ADDRESS (INCLUDE CITY, STATE & ZIP) AND THE RELATIONSHIP THEY ARE TO THE ADULT INCAPACITATED.)

9. That the Petitioner is capable and willing to assume the responsibility of being the guardian of the adult incapacitated;

10. That the Petitioner is a fit and proper person to be appointed guardian to oversee the care and maintenance of the adult incapacitated;

**** ONLY ADD 10. IF YOU ARE REQUESTING A TEMPORARY ORDER ****

11. That a temporary order needs to be issued for the reason that **(EXPLAIN IN DETAIL WHY AN EMERGENCY FOR THE TEMPORARY ORDER EXISTS.)**

WHEREFORE, the Petitioner prays that the Court will issue an order appointing the Petitioner guardian of said adult incapacitated and that a hearing be set on this matter as soon as the Court deems necessary.

PRINTED NAME of Petitioner

SIGNATURE of Petitioner

FULL ADDRESS (include city, state & zip)

TELEPHONE NO

EMAIL ADDRESS (If available)

VERIFICATION

I, _____, being duly sworn to tell the truth and being of lawful age above 18 years of age, hereby states that I have prepared and read this petition and verify that all of the factual allegations contained in this petition are in fact true and correct to the best of my knowledge and belief, **UNDER PENALTY OF PERJURY.**

SIGNATURE of Petitioner

STATE OF OKLAHOMA)
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me on this _____ day of _____,
20____.

Notary Public

Commission Expires On: _____

Commission No: _____

Exhibit A

STATEMENT OF FACTS BY PROPOSED GUARDIAN(S)

1. Please provide the names and birthdates of everyone living in your home:

2. Are you or is anyone living in your home currently charged with or been convicted of a crime? () YES () NO
3. Are you or is anyone living in your home required to register as a sex offender? () YES () NO
4. Have you or has anyone living in your home had a restraining order or protective order filed against him/her in the last ten (10) years? () YES () NO
5. Have you or has anyone living in your home been charged with, arrested for, or convicted of any form of child abuse, neglect or molestation? () YES () NO
6. Have you or has anyone living in your home had any reports alleging any form of abuse, neglect, or molestation made to any agency charged with protecting children (e.g. Oklahoma Child Protective Services) or any other law enforcement agency regarding him/her or anyone living within your home? () YES () NO
7. Have you filed for or received protection under the federal bankruptcy laws? () YES () NO
8. Have you ever had a license, certificate, permit, or registration required by the laws of any state for the practice of a profession or occupation suspended or revoked? () YES () NO

9. Have you or anyone living in your home habitually used any illegal substances or abused alcohol? () YES () NO
10. Have you ever been removed as a guardian in any other case? () YES () NO
10. Have you or anyone living in your home been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol? () YES () NO
11. Have you or anyone living in your home had a social worker, parole officer, or probation officer assigned to him/her? () YES () NO
12. Have you or anyone living in your home received services from a psychiatrist, psychologist, or therapist for a mental health related issue? () YES () NO
13. Do you or anyone living in your home suffer from a mental illness? () YES () NO

VERIFICATION

I/We, _____, proposed guardian(s) herein, being duly sworn to tell the truth and being of lawful age above eighteen (18) years of age, hereby verify that the answers and information I/we have provided in the Statement of Facts are in fact true and correct to the best of my/our knowledge and belief, under penalty of perjury.

Proposed Guardian (1) Printed Name

Proposed Guardian (2) Printed Name

Proposed Guardian (1) Signature

Proposed Guardian (2) Signature

STATE OF OKLAHOMA)

COUNTY OF _____)

SUBSCRIBED AND SWORN to before me on this _____ day of _____,
20____.

Notary Public

Commission Expires On: _____

Commission No: _____

**IN THE DISTRICT COURT FOR
THE PONCA TRIBE OF OKLAHOMA
WHITE EAGLE, OKLAHOMA**

_____,)
Plaintiff/Petitioner,)
vs.) Case No. _____
_____,)
Defendant/Respondent.)

OR

IN RE THE MATTER OF:)
_____,)
DOB: _____) Case No. _____

SUMMONS

Do you want the Defendant to be served via:

- Certified Mail (\$20)**
or a
 Process Server (\$40 and Up)
or
 Publication (\$75 and Up)?

THE PONCA TRIBE OF OKLAHOMA TO/FROM:

Plaintiff/Petitioner's Name and Address Defendant/Respondent's Name and Address

From _____ To _____

To the above-named Defendant:

You are ordered and directed to appear at the Tribal District Court for the Ponca Tribe of Oklahoma, in Ponca City, Oklahoma, on the _____ day of _____, 20_____, at _____ o'clock am/pm.

If you fail to appear and/or file an answer to the Petition attached hereto within twenty (20) days of receiving this Summons, a default judgment may be rendered against you.

You may seek the advice of an attorney in any matter connected with this suit or your answer. Such attorney should be consulted immediately.

Issued this _____ day of _____, 20_____.

Court Administrator/Clerk

AFFIDAVIT OF SERVICE

SERVICE BY PROCESS SERVER

I, _____, hereby certify that I served this Summons together with a copy of the Petition upon _____ at _____ am/pm on the _____ day of _____, 20_____ and made the return according to law, and that I am duly authorized to endorse this affidavit, so help me God.

Police Officer/Process Server

First Attempt: _____

Second Attempt: _____

Final Attempt: _____

Subscribed to and sworn to before me this _____ day of _____, 20_____.

Notary Public's Signature: _____

My commission expires: _____

My commission number: _____

CERTIFICATION OF SERVICE BY MAIL

I hereby certify that I mailed copies of the foregoing Summons with a copy of the Petition attached to the following named parties at the address shown by certified mail, addressee only, return receipt requested, on the _____ day of _____, 20____.

Court Administrator/Clerk

CERTIFICATION OF SERVICE BY PUBLISHING

I hereby certify that I published notice of this case on the following dates:

_____, 20____
_____, 20____
_____, 20____
_____, 20____

Court Administrator/Clerk