



# Salt River Pima-Maricopa Indian Community Court

100005 E. Osborn Rd. / Scottsdale, AZ 85256-9722 / (480) 362-6315

In the Matter Of: )

## PETITION FOR ADOPTION

\_\_\_\_\_) )  
MINOR )

CASE NO:

\_\_\_\_\_) )  
BIRTHPLACE )

DOB )

\_\_\_\_\_) )  
SEX TRIBAL MEMBERSHIP/BLOOD DEGREE )

COMES NOW, the Petitioner(s), \_\_\_\_\_ (he/she/they) reside at/within the \_\_\_\_\_ (city/state/reservation). That said Petitioner(s) state:

1. Petitioner(s) present marital status is: \_\_\_\_\_ single \_\_\_\_\_ married \_\_\_\_\_ separated or divorced and have been for \_\_\_\_\_ years.
2. Petitioner(s) is/not married to the natural mother/ father of named minor.
3. The MINOR is presently living with \_\_\_\_\_ at \_\_\_\_\_, who has/ does not have legal custody.
4. The legal custodian of MINOR is \_\_\_\_\_.
5. The MINOR has the following described and valued property:  
\_\_\_\_\_.
6. The signed consents to adopt by the natural mother \_\_\_\_\_ (and) the natural father \_\_\_\_\_, and any child to be adopted, who is over the age of twelve (12) years are attached.
7. If written consent is not given by the said natural mother/ father, state what facts exist which should excuse or dispense with their consent.  
\_\_\_\_\_  
\_\_\_\_\_
8. As further information for the Court, petitioner(s) states:  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, Petitioner(s) requests and prays the court to grant the petition herein:

1. The Court decree the adoption of the named MINOR by the Petitioner(s).
2. The Court hereby Changes the Name of the MINOR to \_\_\_\_\_.

RESPECTFULLY, submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Co-Petitioner



**SALT RIVER**  
**PIMA-MARICOPA INDIAN COMMUNITY COURT**  
10005 E. Osborn Road, Scottsdale, AZ 85256 480-362-6315

## VERIFICATION

STATE OF ARIZONA )

)

COUNTY OF MARICOPA )

\_\_\_\_\_, being first duly sworn upon his/her oath  
disposes and says:

That he/she gives consent in the entitled action and that he/she has read the foregoing  
petition and that he/she knows the contents thereof: that the same is true of his/her  
personal knowledge except as to those statements made therein upon information and  
belief and as to those he/she believes them to be true.

\_\_\_\_\_  
PERSON GIVING CONSENT

SUBSCRIBED and SWORN before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
COURT CLERK or NOTARY PUBLIC

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
My Commission Expires



SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY COURT  
10,005 East Osborn Road, Scottsdale, Arizona 85256  
Telephone 480-362-6315 FAX 480-362-5732

### INTAKE FORM - CIVIL FAMILY CASES INVOLVING CHILDREN

In order to better assist you file your petition/complaint/motion, please provide the following information:

#### 1. Information about me/us, the Petitioner(s):

Petitioner's Name: \_\_\_\_\_

Petitioner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Street Address*

*City*

*State*

*Zip*

*City*

*State*

*Zip*

Address within SRPMIC?      Yes      No

Address within SRPMIC?      Yes      No

Telephone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Tribal affiliation and enrollment number: \_\_\_\_\_

Tribal affiliation and enrollment number: \_\_\_\_\_

#### 2. I am/We are filing the following type of case: (check all that apply)

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Divorce               | <input type="checkbox"/> Annulment  | <input type="checkbox"/> Legal Separation          | <input type="checkbox"/> Separate Maintenance |
| <input type="checkbox"/> Paternity             | <input type="checkbox"/> Child Custody                                    | <input type="checkbox"/> Child Support             | <input type="checkbox"/> Child Visitation     |
| <input type="checkbox"/> Child's Name Change   | <input type="checkbox"/> Modification of Child Custody/Support/Visitation |  |   |
| <input type="checkbox"/> Guardianship of minor | <input type="checkbox"/> Order of Protection                              | <input type="checkbox"/> Probate of minor's estate |   |
| <input type="checkbox"/> Other _____           |   |  |   |

#### 3. Information about the person(s), the Respondent(s) against whom I am filing the petition or complaint:

Respondent's Name: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Street Address*

*City*

*State*

*Zip*

*City*

*State*

*Zip*

Lives within SRPMIC?      Yes      No      Unknown

Lives within SRPMIC?      Yes      No      Unknown

Enrolled SRPMIC member?      Yes      No      Unknown

Enrolled SRPMIC member?      Yes      No      Unknown

Tribal affiliation and enrollment number: \_\_\_\_\_

Tribal affiliation and enrollment number: \_\_\_\_\_



4. **Information about the child(ren) involved in this case.** Is there any person, including yourself or Child Protective Services, who has a court order giving him/her legal rights of guardianship, custody, visitation, or support of any child involved with this present case? Yes No Unsure (circle one)  
If Yes, provide information for each child:

Child's Name: \_\_\_\_\_

Child's Tribal affiliation and enrollment number: \_\_\_\_\_

Name of person having the court order: \_\_\_\_\_

His/Her Address: \_\_\_\_\_  
*Street Address City State Zip*

Is his/her address within SRPMIC? yes no unknown (circle one)

His/Her Tribal affiliation and enrollment number: \_\_\_\_\_

Name of court that granted order: \_\_\_\_\_

Type of court order and case number: \_\_\_\_\_

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Child's Name: \_\_\_\_\_

Child's Tribal affiliation and enrollment number: \_\_\_\_\_

Name of person having the court order: \_\_\_\_\_

His/Her Address: \_\_\_\_\_  
*Street Address City State Zip*

Is his/her address within SRPMIC? yes no unknown (circle one)

His/Her Tribal affiliation and enrollment number: \_\_\_\_\_

Name of court that granted order: \_\_\_\_\_

Type of court order and case number: \_\_\_\_\_

\*\*\*\*\*

Child's Name: \_\_\_\_\_

Child's Tribal affiliation and enrollment number: \_\_\_\_\_

Name of person having the court order: \_\_\_\_\_

His/Her Address: \_\_\_\_\_  
*Street Address City State Zip*

Is his/her address within SRPMIC? yes no unknown (circle one)

His/Her Tribal affiliation and enrollment number: \_\_\_\_\_

Name of court that granted order: \_\_\_\_\_

Type of court order and case number: \_\_\_\_\_

\*\*\*\*\*

Child's Name: \_\_\_\_\_

Child's Tribal affiliation and enrollment number: \_\_\_\_\_

Name of person having the court order: \_\_\_\_\_

His/Her Address: \_\_\_\_\_  
*Street Address City State Zip*

Is his/her address within SRPMIC? yes no unknown (circle one)

His/Her Tribal affiliation and enrollment number: \_\_\_\_\_

Name of court that granted order: \_\_\_\_\_

Type of court order and case number: \_\_\_\_\_