

Please print all information. If any information is unknown, do not leave blank, write in "unknown."

Petitioner's Name: _____ Petitioner's Name: _____

Address: _____ Address: _____
Street Address *Street Address*

City State Zip City State Zip

Telephone number: _____ Telephone number: _____

Representing Self, Without an Advocate/Attorney

**IN THE COMMUNITY COURT
OF THE
SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY**

In the Interest of: _____) Case No.: _____
_____)
_____) Petition for Appointment of Guardian
_____) of an Incapacitated Person
_____)
_____)
_____)
_____)
An Alleged Incapacitated Person.)

COMES NOW the Petitioner(s),

_____ and _____

Birth date: _____ Birth date: _____
Month Date Year *Month Date Year*

Relationship to alleged incapacitated person: _____ Relationship to alleged incapacitated person: _____

I / WE REQUEST: (check all that apply)

- ☐ Guardianship of the Person ☐ Guardianship of the Person's Property
☐ Emergency Temporary Guardianship ☐ of the Person ☐ of the Person's Property

Whose name is: _____; birthdate is: _____;

Salt River Pima-Maricopa Indian Community enrollment number is: _____; and

Resides at: _____.

The basis for the Court's jurisdiction is: (check all that apply)

- ☐ The alleged incapacitated person is an enrolled SRPMIC member
☐ The alleged incapacitated person is at least 17.5 years old at the time of filing this petition
☐ I am an enrolled SRPMIC member
☐ I am related to the alleged incapacitated person
☐ I am a friend of the alleged incapacitated adult

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I AM / WE ARE requesting the guardianship because: *(attach additional page(s) if needed)*

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- ☐ ***IREQUEST*** guardianship of the person's property, and attached is a full description and statement of the value of all property owned, possessed or in which the person has an interest.
- ☐ ***IREQUEST*** guardianship of a person who is at least 17.5 years old but is not an adult at the time of filing this petition. (Attach a copy of the minor's birth certificate to the petition)

I state to the Court, under penalty of perjury, that I have read this petition and all the statements in the petition are true and correct and complete to the best of my knowledge and belief.

Petitioner's Signature

Date _____

Petitioner's Signature

Date _____

Signed and Sworn to or affirmed before me this _____ day of _____, 20_____

SEAL

Court Clerk or Notary Public



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

SRPMIC CIVIL COURT COVERSHEET

THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE WE CAN TAKE YOUR FILING

1. Have you filed any papers with Juvenile Court regarding this matter? ☐ NO ☐ YES
2. Do you know if anyone else has filed any papers with Juvenile Court regarding this matter?
☐ NO ☐ YES **If YES**, Who: _____
3. Do you have a pervious Court Order that pertains to what you are filing now?
☐ NO ☐ YES **If YES**, Which Court Issued that Order: ☐ CIVIL COURT ☐ JUVENILE COURT
What is the date of the last order? _____
What is the Court Case Number? _____
4. What was it regarding: (example: Custody – Support – Visitation – etc.): _____
5. Will you need any assistance at the court hearing? Example: interpreter, sign language, etc.
☐ NO ☐ YES If YES, What type of assistance / interpreter is needed? _____

PETITIONER'S INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: (____) _____

CELL / PAGER: (____) _____

TRIBE: _____ ENROLLMENT NUMBER: _____

SSN: _____ - _____ - _____ D.O.B: ____/____/____

HOW LONG HAVE YOU LIVED ON THE SRPMIC RESERVATION? _____

ARE YOU: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPERATED

RESPONDENT'S INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: (____) _____

CELL / PAGER: (____) _____

TRIBE: _____ ENROLLMENT NUMBER: _____

SSN: _____ - _____ - _____ D.O.B: ____/____/____

HOW LONG HAVE YOU LIVED ON THE SRPMIC RESERVATION? _____

ARE YOU: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPERATED