

IN THE TRIBAL COURT  
PUEBLO OF ACOMA  
STATE OF NEW MEXICO

**FILED**  
PUEBLO OF ACOMA TRIBAL COURT

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
COURT CLERK

\_\_\_\_\_  
Petitioner(s)

Case No. \_\_\_\_-GU-\_\_\_\_

\_\_\_\_\_  
Respondent(s)

**IN THE MATTER OF THE GUARDIANSHIP OF (MINOR CHILD)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Tribal Member:  Yes  No      Enrolled:  Yes  No      Tribe: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_  Eligible for Enrollment+

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

Where has the child been residing for the last six months \_\_\_\_\_

**PETITION FOR APPOINTMENT OF GUARDIAN**

I request that the Court appoint a Temporary Guardian for the following reasons:

1. I am the \_\_\_\_\_ [petitioner] [state your relationship] to the minor

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Tribal Member:  Yes  No      Enrolled:  Yes  No       Non-Indian

Tribe: \_\_\_\_\_ Enrolment Number: \_\_\_\_\_

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

2. I am the \_\_\_\_\_ [co-petitioner] [state your relationship] to the minor

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Tribal Member:  Yes  No      Enrolled:  Yes  No       Non-Indian

Tribe: \_\_\_\_\_ Enrolment Number: \_\_\_\_\_

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

3. The person(s) who should be named Guardian is/are:

Name of Guardian(s): \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

4. MOTHER

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Tribal Member:  Yes  No Enrolled:  Yes  No Tribe: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_  Non-Indian  Mother is deceased

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

FATHER

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Tribal Member:  Yes  No Enrolled:  Yes  No Tribe: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_  Non-Indian  Father is deceased

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

5. The reasons that the minor needs a guardian is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages if needed)

6. In support of this Petition I have attached the following:

Medical documents;  Mental health documents;  Behavioral health documents;

Affidavits;  Legal documents;  Police reports;  Court records;  
 Other: \_\_\_\_\_

7. The Guardianship should be:

Temporary, beginning on this date \_\_\_\_\_ and ending on this date:  
\_\_\_\_\_ ; or  
 As determined by the Court.

WHEREFORE, I ask that the Court grant my request.

**RESPECTFULLY SUBMITTED:**

Date: \_\_\_\_\_

_____	_____
1) Signature of Petitioner	Print Name
_____	_____
Petitioner Address	City/State/Zip
_____	
E-mail Address (Optional)	
_____	_____
Home Phone	Cell/Work Phone
_____	_____
2) Signature of Co-Petitioner	Print Name
_____	_____
Co-Petitioner Address	City/State/Zip
_____	
E-mail Address (Optional)	
_____	_____
Home Phone	Cell/Work Phone

**NOTE: FILING FEE OF \$25.00 (TRIBAL MEMBERS) -OR- \$80.00 (NON-TRIBAL MEMBERS) MUST BE PAID AT THE TIME OF FILING PETITION FOR PROCESSING AND COURT ACTION.**