

1 NAME: _____
2 ADDRESS: _____
3 TELEPHONE: _____
4 Petitioner [] Pro Se

5 **IN THE TRIBAL COURT OF THE**
6 **FORT MCDOWELL YAVAPAI NATION (ARIZONA)**

7 IN RE THE ADULT GUARDIANSHIP OF:) Case No.: _____
8 _____)

9 Membership # _____)
10 DOB# _____)
11 An Adult.)

PETITION FOR AN
GUARDIANSHIP OVER AN
INCAPACITATED ADULT

12 And concerning:)
13 _____)
14 Membership # _____)
15 _____)
16 Petitioner.)

17 The Petitioner _____ respectfully petitions this Court for the
18 guardianship of the above-named adult, pursuant to the FMLOC § 10-71, and hereby states the
19 following:

- 20 1. The Court has jurisdiction over this matter pursuant to FMLOC §§ 1-7 and 10-71.
21 2. The Petitioner [] is/ [] is not an enrolled member of the Fort McDowell Yavapai Nation.
22 If not enrolled, please specify tribe (or other) _____.

23 3. The Petitioner's relationship to the above-named adult is _____.

24 4. The Petitioner seeks guardianship over the above-named adult because _____
25 _____

_____.

(If you need additional space, please attach a paper.)

- 26 5. The above-name adult is incapable of managing his/her own property and estate due to
27 his/her mental and physical status. Therefore, a guardian should be appointed for his/her
28 estate. In support of this allegation, attached as Exhibit " ____" are the following documents:
_____.

1 6. The above-named adult receives money from _____ in the
2 amount of \$ _____ per month.

3 7. The Petitioner will submit a report as to above-mentioned adult's accounting, property and
4 interest within three (3) months of his/her appointment and at least once a year thereafter and
5 whenever the court directs in accordance with the FMLOC §§ 10-59 and 10-72.

6 8. Names of individuals who might object to this petition are as follows: _____
7 _____.

8 **THEREFORE**, the Petitioner request this Court enter Judgment as follows:

9 A. The Petitioner _____ be appointed as the legal guardian of
10 _____ Membership# _____, DOB: _____.

11 B. The Petitioner be granted full responsibilities and duties described by this Court for the
12 person and estate of the above-named adult.

13 C. The above-named adult be declared incapable of managing his/her own property and overall
14 estate due to reasons stated in this Petition pursuant to the FMLOC § 10-71.

15 Dated this _____ day of _____, 20_____.

16 _____
17 Petitioner's signature

18 STATE OF ARIZONA)
19) SS
20 County of _____)

21 The Petitioner _____ being first duly sworn upon oath
22 states: I am the Petitioner in the above-entitled action and I have read the above Petition and
23 know its contents and therefore attest that the information is correct and true to the best of my
24 knowledge.

25 Date: _____
_____ Petitioner's signature

SUBSCRIBED and SWORN to before me this _____ day of _____, 20_____.

My Commission Expires: _____

By: _____
Notary Public or Court Clerk