



IN THE HOOPA VALLEY TRIBAL COURT
HOOPA VALLEY INDIAN RESERVATION
HOOPA, CALIFORNIA

In re parenting and support of:

Children:

Petitioner:

and

Respondent:

Case No. _____

**PETITION FOR CHILD CUSTODY,
RESIDENTIAL SCHEDULE/PARENTING
PLAN, AND/OR CHILD SUPPORT
(NON-PARENT)**

CONTESTED

UNCONTESTED (if Respondent joins this
Petition by signing an **Agreement to Join Petition form**
and attaching it to this Petition)

Use this petition to ask for a Residential Schedule/Parenting Plan or Child Support Order if you are a non-parent and only if parentage has been established by (1) court order that determined an adjudicated Father or (2) Acknowledgment of Paternity filed with the Hoopa Valley Tribal Court or with the California State Registrar of Vital Statistics. If parentage has not been established, use the forms included in the Paternity and Acknowledgment packages.

1. CAUSE OF ACTION.

This action is brought pursuant to Hoopa Valley Tribe's Domestic Relations Code § 14 A.5.20 and Paternity Code § 14.A.6.40 and Child Support Code § 14A.6.120 of the Hoopa Valley Tribe by (name): _____, Petitioner.

I ask the Court to approve a (check all that apply): **Parenting Plan or Residential Schedule**
 Child Support Order

2. PETITIONER'S INFORMATION.

My name is: _____.

My relationship to the children in this case: _____.

I live in (county and state only): _____.

(If there is another Petitioner in this case, put the other Petitioner's information below):



Other Petitioner's name: _____

Other Petitioner's relationship to the children in this case: _____

Lives in (county and state only): _____

3. CHILDREN.

I ask the Court for custody of the following children:

	Child's Name	Date of Birth	Current Residence	Enrollment (if applicable)
1.			Resides with / Resides at:	Indian Tribe Name / Enrollment #:
2.			Resides with / Resides at:	Indian Tribe Name / Enrollment #:
3.			Resides with / Resides at:	Indian Tribe Name / Enrollment #:
4.			Resides with / Resides at:	Indian Tribe Name / Enrollment #:
5.			Resides with / Resides at:	Indian Tribe Name / Enrollment #:

4. RESPONDENT'S INFORMATION.

(List the children's parents and any other guardian or custodian other than the parents):

Respondent, (name): _____, in this action is the children's (check one):

- Mother
- Father, Acknowledged Father, or Adjudicated Father
- Other (describe): _____

Other Respondent, (if any) (name): _____, in this action is the children's (check one):

- Mother
- Father, Acknowledged Father, or Adjudicated Father
- Other (describe): _____

Other Respondent, (if any) (name): _____, in this action is the children's (check one):

- Mother
- Father, Acknowledged Father, or Adjudicated Father
- Other (describe): _____



5. JURISDICTION OVER PARENTS.

The Hoopa Valley Tribal Court has personal jurisdiction (authority to make decisions) over the parents because *(check all that apply)*:

The Petitioner:

- is a member of the Hoopa Valley Indian Tribe.
- resides within the boundaries of the Hoopa Valley Reservation.

The Respondent:

- is a member of the Hoopa Valley Indian Tribe.
- resides within the boundaries of the Hoopa Valley Reservation.

The children involved in this case:

- are enrolled members or are eligible for enrollment as members of the Hoopa Valley Indian Tribe.
- have a parent who is an enrolled member of the Hoopa Valley Tribe.
- have been placed in temporary care of Hoopa Valley Reservation or in a care facility licensed by Hoopa Valley Tribe for placement of Indian children.
- The *(check all that apply)*: Petitioner Respondent submits to jurisdiction of this court by consent as evidenced by joinder or any other means.
- This Court has exclusive continuing jurisdiction. The Court has previously made *Child Custody, Parenting Plan, or Visitation* determination in this matter and retains jurisdiction.

6. WHY THE CHILDREN SHOULD NOT LIVE WITH A PARENT.

I have valid reasons (adequate cause) to ask for custody of these children. The children should not live with either parent and *(check at least one box)*:

- The children are not living with either parent. The children have been living with *(name/s):* _____ *since (date):* _____.
- Neither parent is a suitable custodian.

The parents are unfit, or even if they may be fit, the children will suffer actual detriment (harm) to their growth and development if they lived with either parent. *(Give facts that support the statements above for each parent.)*:



7. WHY THE CHILDREN SHOULD LIVE WITH PETITIONER(S).

It is in the children's best interests for the Court to give me custody and approve the other requests in this *Petition* because *(Explain why it is in the best interest of the children for you to be granted custody of the children. HVT §14.A.5.40(b) sets out the relevant factors that the Court considers.)*:

8. CHILDREN'S HOME(S).

During the last five (5) years, the children have lived *(check the box that applies)*:

- in no place other than the State of Washington and with no person other than the Petitioner(s) or Respondent(s).
- in the following places with the following persons *(list each place the child lived, including the State of California, the dates the child lived there, and the names of the persons with whom the child lived)*:

	Child's Name	Place	Dates	Name of Person
1.				
2.				
3.				
4.				



	Child's Name	Place	Dates	Name of Person
5.				

9. RESIDENTIAL PLACEMENT.

(check the box that applies):

- I ask the Court to approve my proposed *Parenting Plan*. This schedule may include reasons for limiting one or both parents' visitation. My proposed *Parenting Plan* is **attached**.
- I ask the Court to give no visitation to either parent because the following reasons for limiting visitation apply and are severe enough to justify no visitation *(check at least one reason for each parent and name the parent(s) that factor applies to)*:
 - Willful Abandonment** – *(Parent's name):* _____ willfully abandoned the children listed in Section 2 for an extended time or has substantially refused to perform his/her parenting functions of the children listed in Section 2.
 - Child Abuse** – *(Parent's name):* _____ (or someone living in that parent's home) abused a child. The abuse was *(check all that apply)*: physical sexual a pattern of emotional abuse.
 - Domestic Violence or Assault** – *(Parent's name):* _____ (or someone living in that parent's home) has a history of acts of domestic violence or an assault or sexual assault which causes grievous bodily harm or the fear of such harm.

10. CLAIMS TO CUSTODY OR VISITATION.

(check the box that applies):

- I do not know of any person other than a named party who has physical custody of the children or claim to have custody or visitation rights to the children.
- The following persons have physical custody of the children or claim to have custody or visitation rights to the children *(list each child's name and the name of such person below)*:

	Child's Name	Name of Person
1.		
2.		
3.		
4.		
5.		

11. INVOLVEMENT IN ANY OTHER PROCEEDING CONCERNING THE CHILDREN.

(check the box that applies):

- I have **not** been involved in any other proceeding regarding the children.



- I have been involved in the following proceedings regarding the children (*list the Court, the case number, and the date of the judgment or order*):

Child's Name	Court	Case #	Date

12. OTHER LEGAL PROCEEDINGS CONCERNING THE CHILDREN.

- I do not know of any other legal proceedings concerning the children.
- I know of the following legal proceedings which concern the children (*list the child concerned, the Court, case number and type of proceeding*):

Child's Name	Court	Case #	Proceeding Type

13. CHILD SUPPORT, INSURANCE, AND TAXES.

Support – I ask the Court to order the parents to (*check all that apply*):

- Pay child support according to the Hoopa Valley Tribes Child Support Guidelines and Schedule. A copy of the *Hoopa Valley Child Support Schedule Worksheet* is **attached**.
- Provide and keep health insurance for the children.
- Pay the children's day care, uninsured medical, or other expenses.
- No request made for support of children.

Tax Exemptions – I ask the Court to order:

- Petitioner/s may claim the children as dependents on tax forms.
- Other (*specify*): _____

14. REIMBURSEMENT.

(*check all that apply*):



- Does **not** apply. (*skip to Section 15*)
- (*name*): _____ is entitled to reimbursement for:
- Support or Assistance provided to the children
 - Expenses incurred on behalf of the children.
- Child Support Arrears** (*If this box is checked, check only one of the boxes below.*)
- An additional 20% of current order should be ordered to be applied toward the liquidation of any overdue support.
 - If there is not a current child support order, up to 10% of the Non Custodial Parent's gross income can be ordered to back pay arrears for custodial parent, Tribal, or State Department.

15. PER-CAPITA AND BONUS FUNDS OF CHILDREN.

(*check the box that applies*):

- Does **not** apply. No children receive per-capita/bonus funds. (*skip to Section 16*)
- Children receiving per-capita/bonus funds are listed below:

	Child's Name	Date of Birth	Roll #
1.			
2.			
3.			
4.			
5.			

I ask that the Parent/Guardian receive:

- Per-capita for the children listed above (*name*): _____
- Bonus funds for the children listed above (*name*): _____
- Other (*specify*): _____

16. FEES AND COSTS.

(*check one*):

- Does not apply. (*skip to Section 16*)
- I ask the Court to order who should pay lawyer fees, court costs, and other reasonable fees.

17. OTHER REQUESTS.

(*check one*):

- Does **not** apply.
- I ask the court to order (*specify*): _____



Petitioner fills out below:

DECLARATION

I declare under penalty of perjury under the laws of the Hoopa Valley Tribes that I am the Petitioner in this action, that I have made the allegations contained in this petition based upon my first-hand knowledge, and therefore, believe that they are true.

➤ _____
Signature of Petitioner *Print Name* *Date*

I agree to accept legal papers for this case at (check one):

- My lawyer's address, listed below.
- The following address (*this does not have to be your home address*):

street address or PO box *city* *state* *zip code*
 email address (*optional*): _____

If this address changes before the case ends, you must notify all parties and the Court Clerk in writing. Important! You must fill out and file a Confidential Information form with the Court Clerk.

Other Petitioner (if any) fills out below:

I declare under penalty of perjury under the laws of the Hoopa Valley Tribe that I am the Petitioner in this action, that I have made the allegations contained in this petition based upon my first-hand knowledge, and therefore, believe that they are true.

➤ _____
Signature of Other Petitioner *Print Name* *Date*

Petitioner's lawyer (if any) fills out below:

➤ _____
Petitioner's lawyer signs here *Print Name and Hoopa Tribal Bar No.* *Date*

Lawyer's street address or PO box *city* *state* *zip code*

Lawyer's email address (if applicable)