

# SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT P.O. Box 1340, Shingle Springs, CA 95682 Telephone: (530) 698 – 1446

Website: https://www.shinglespringsrancheria.com/tribal-court/

CASE NO.: \_\_\_\_\_ INFORMATION OF PERSON FILING FORM: PETITION FOR CONSERVATORSHIP Name: [FOR COURT USE ONLY] Address: \_\_\_\_\_ Phone: ( ) I am: (check any which apply): □ Petitioner (*person filing petition*) □ Attorney/Advocate for (*name*):

Name of person in need of a conservator	Date of Birth (MM/DD/YY)	Current Residence/Home Address (Street, City, Zip Code)
Tribal Member? 🛛 Yes; 🗖 No		

- 1. The person in need of a conservator is unable, without assistance to manage [*check all that apply*]: Let their Per Capita Distributions and/or Elders Stipend; [Conservator of Estate] □ their personal care and protection. [Conservator of Person]
- 2. [Optional] Attached is an evaluation from a California licensed clinical psychologist, psychiatrist, or physician regarding the need for a conservator for the person named above.

## **3.** Petitioner Information:

[Note: If Tribe is filing Petition, skip to question (g).]

- a. Petitioner Name:
- b. Petitioner's Date of Birth:\_\_\_\_\_

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<ul> <li>c. Petitioner's Occupation(s):</li></ul>	yed.

- d. Petitioner's Home Address/Residence (street address, city and zip code):
- e. Petitioner's Mailing Address (if different from above):
- f. Petitioner is a Tribal Member:  $\Box$  Yes or  $\Box$  No
- g. Petitioner is: (*check one*):
  - A family member of the person in need of a conservator; OR
     The Tribe/ Tribal Agency; OR
     Other: (*specify*)
- h. Background Check & Criminal History: [Must consent to be considered as conservator.]
  - i.  $\Box$  I consent to have the Tribe conduct a background check and to review such background.
  - ii. Check which applies: [*Note: Those seeking to be conservator shall be subject to a criminal history background check for instances of fraud, theft or embezzlement.*]
    □I do not have any criminal history; OR □I do have a criminal history. Please explain:

iii.  $\Box$  Check here if the Petitioner is not the proposed conservator or if the Petitioner will not be the sole conservator. If you checked the box, you will also need to complete **form FL-510** for each proposed conservator (who is not listed in question 3) and attach it to this Petition.

## 4. Family Member's Information: [Choose a. or b.]

- a.  $\Box$  I have attached a request explaining why the notice requirement should be waived. OR
- b. □ Below are the names and addresses of the proposed Tribal Member Conservatee's family members. [*Note: Family members include parents, grandparents, children and siblings over age of 18*]:

Relationship to	Name	Home Address (street, City, Zip Code)
Tribal Member		

Case Name:	Case No.:

Relationship to Tribal Member	Name	Home Address (street, City, Zip Code)

Check here if additional pages are attached.

## 5. Other Court Cases (Any County or State or Tribal)

□ I do not know of any other court cases involving the proposed Tribal Member Conservatee. OR □ The proposed Tribal Member Conservatee is involved in other court case(s) as follows:

Description of Case	Court or County and State	Case Number (if known)

## 6. Request to Court: [*Check all that apply*]

I, the Petitioner named above, request that the Court deem the Tribal Member legally incompetent and appoint a conservator for the Tribal Member subject to this Petition, for the purpose of:

arranging for the care and protection of the Tribal Member Conservatee with responsibility for providing care for physical health, food, clothing, and shelter.
 managing the Per Capita Distributions and/or Elders Stipend of the Tribal Member Conservatee.

I managing the Per Capita Distributions and/or Elders Stipend of the Tribal Member Cons

The Tribal Member is

- a. temporarily OR
- b.  $\Box$  permanently

Case Name:	Case No.:

incapable of managing their care and protection and/or their Per Capita Distributions and/or Elders Stipend.

#### **Reason for Request:**

Please provide a written explanation, using specific facts, why the court should appoint a conservator for the Tribal Member that supports the boxes checked in Item 6 or supporting another reason not listed elsewhere in this Petition:

Check here if additional pages are attached.

7. [*If Petitioner is proposed Conservator*] If appointed, I agree to fulfill all duties towards the Conservatee stated in the Tribe's laws.

I declare under penalty of perjury under the laws of the Shingle Springs Band of Miwok Indians that the foregoing is true and correct.

Petitioner Name [PRINTED OR TYPED]

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

Petitioner Signature

[*Optional*] By signing below, I, the proposed Tribal Member Conservatee, consent to the appointment of a conservator for my care and protection and/or to manage my Per Capita Distributions and/or Elders Stipend.

Name of Proposed Tribal Member Conservatee [TYPED OR PRINTED]

Signature of Proposed Tribal Member Conservatee

Date:

Case Name:	Case No.:

**NOTICE TO PETITIONER**: You must have a copy of the Petition personally served on the relatives of the Tribal Member subject to this Petition unless waived by the Court. You may request the assistance from Tribal Police or Tribal Services with personally serving the relatives. Personal service means that someone who is over the age of 18 and is not a party to the case must hand deliver a copy of the Petition to the relatives and complete a Proof of Service form then file it with the Court.