



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/>

Please provide your information:

Name: _____

Address: _____

Phone: (_____) _____

Check which applies. I am the:

- Conservator
- Conservatee
- Tribal Services Advocate
- Attorney/Advocate for:

CASE NO.: _____

**PETITION TO RELINQUISH/TERMINATE
 CONSERVATORSHIP**
 [FOR COURT USE ONLY]

1. I petition that this Tribal Court terminate the existing conservatorship as follows.
2. The Conservatee is (*name*): _____
 - a. The person is a Tribal Member. Yes / No
 - b. The person’s date of birth is: _____ (*Month*)/_____ (*Date*)/_____ (*Year*).
 - c. The person’s home address is: _____

 - d. The person’s mailing address (*if different than home address*) is:

CASE NAME:	CASE NO:
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3. The current conservator is (*name*): _____.

4. To my knowledge, the conservatorship for per capita payments began in:
 (*if known*): Month: _____, Year: _____.

5. I request that this conservatorship terminate or modify because: (*check any that apply*):

- I am the current conservator and I wish to resign.
- I am the current Conservatee who was once found to be legally incompetent but am now able to handle my affairs involving my Per Capita Distributions/Elder Stipend from the Shingle Springs Band of Miwok Indians.
- I am the current Conservatee who was once found to be legally incompetent but am now able to handle my personal care.
- I am the Tribal Services Advocate assigned to this case and I believe the conservator is not fulfilling their duties towards the Conservatee.
- I am the conservator or Enrollment Department representative notifying the Court that the Conservatee has died. [*Attach documentation of death.*]
- The Conservatee is no longer receiving Per Capita Distributions/Elders Stipend [*if Conservatorship of the Estate*].
- Other: _____

6. (*Optional*) Explanation of Reason.
 It is my belief that the conservatorship must end because:

(*check box if additional pages are attached.*)

CASE NAME:	CASE NO:
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7. Relative's Information:

List the names and addresses of the Conservatee's family members below:

➔Note: Family Members refer to spouse/domestic partner, parents, grandparents, children and siblings over 18 years of age. If address unknown, write "unknown".

Relationship to Conservatee	Name	Home Address (Street, City, Zip Code)

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

_____ Date: _____
 Petitioner Name [*PRINTED OR TYPED*]

 Petitioner Signature

NOTICE TO PETITIONER: You must personally serve a copy of the Petition on the relatives of the tribal member subject to this petition and may request the assistance from Tribal Police or Tribal Services. This 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 then file it with the court.