



SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT  
 P.O. Box 531, Shingle Springs, CA 95682  
 Telephone: (530) 698 – 1446  
 Website: <https://www.shinglespringsrancheria.com/tribal-court/>

**INFORMATION OF PERSON FILING FORM:**

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

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

Phone: (     ) \_\_\_\_\_

I am: *(check which apply)*:

Petitioner *(person filing petition)*

Attorney/Advocate for *(name)*:

CASE NO.: \_\_\_\_\_

**PETITION FOR CONSERVATORSHIP**  
 [FOR COURT USE ONLY]

Name of person in need of a conservator	Date of Birth (MM/DD/YY)	Current Residence/Home Address (Street, City, Zip Code)
Tribal Member? <input type="checkbox"/> Yes; <input type="checkbox"/> No		

- The person in need of a conservator is unable, without assistance to manage *[check all that apply]*:
  - their Per Capita Distributions and/or Elders Stipend; [Conservator of Estate]
  - their personal care and protection. [Conservator of Person]
- [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:**

a. Petitioner Name: \_\_\_\_\_

b. Petitioner's Date of Birth: \_\_\_\_\_

Case Name:	Case No.:
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c. Petitioner's Occupation(s): \_\_\_\_\_  
*(check one)*:  Employed; OR  Not currently employed.

d. Petitioner's Home Address/Residence (*street address, city and zip code*):  
 \_\_\_\_\_

e. Petitioner's Mailing Address (*if different from above*):  
 \_\_\_\_\_

f. Petitioner is: (*check one*):  
 A family member of the person in need of a conservator; OR  
 The Tribe/ Tribal Agency; OR  
 Other: (*specify*) \_\_\_\_\_

g. Petitioner is a Tribal Member:  Yes or  No

h. Background Check & Criminal History: [**Must consent to be considered as conservator.**]  
 i.  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:

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iii.  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** and attach it to this form for each Petitioner not listed in question 3.

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

- a.  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 Tribal Member	Name	Home Address (street, City, Zip Code)

Case Name:	Case No.:
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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.

- The Tribal Member is  
a.  temporarily OR  
b.  permanently



Case Name:	Case No.:
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**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 form then file it with the Court.