

### IN THE TULALIP TRIBAL COURT TULALIP INDIAN RESERVATION TULALIP, WASHINGTON

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Case No
PETITION FOR CHILD CUSTODY, RESIDENTIAL SCHEDULE/PARENTING PLAN, AND/OR CHILD SUPPORT
<ul> <li>CONTESTED</li> <li>UNCONTESTED (if Respondent joins this Petition by signing an Agreement to Join Petition form and attaching it to this Petition)</li> </ul>
Clerk action required Send a copy of this Petition, the Response, financial information, and all other documents filed in this case to the TCSP.

Use this petition to ask for a Residential Schedule/Parenting Plan or Child Support Order only if parentage has been established by (1) court order that determined an adjudicated Father or (2) Acknowledgment of Paternity filed with the Tulalip Tribal Court or with the Washington 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 Tulalip Tribes Domestic Relations Code § 4.20.380 and Paternity and Child Support Code § 4.10.250 of the Tulalip Tribes by (*name*): Petitioner.

I ask the Court to approve a (*check all that apply*):  $\Box$  **Parenting Plan or Residential Schedule** 

Child Support Order (Check "Clerk action required box" in the header above if you are asking the court for a Child Support Order.)

#### JURISDICTION OVER PARENTS. 2.

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

### The Petitioner:

- $\Box$  is an enrolled member of the Tulalip Tribes.
- □ resides within the boundaries of the Tulalip Reservation.

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**Tulalip Tribal Court** 6332 31st Ave NE, Suite B Tulalip, WA 98271 Tel. (360)716-4773 | Fax (360)716-0657



## The Respondent:

- $\Box$  is an enrolled member of the Tulalip Tribes.
- $\Box$  resides within the boundaries of the Tulalip Reservation.

# The children involved in this case:

- $\Box$  are enrolled members or are eligible for enrollment as members of the Tulalip Tribes.
- $\Box$  are Indian children who reside or are domiciled on the Tulalip Reservation.
- □ have been placed in temporary care of Tulalip Reservation or in a care facility licensed by Tulalip Tribes for placement of Indian children.
- $\Box$  have a parent who is an enrolled member of the Tulalip Tribes.
- □ 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.

# 3. CHILDREN.

Respondent, *(name)*: \_\_\_\_\_\_, and I are parents of the following children:

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

# 4. PARENTAGE.

(Repeat this section for each child as needed.)

Regarding the children listed in Section 2 above:

The **Petitioner** in this action, (name): \_\_\_\_\_\_ is:

- □ Mother
- □ Father
- □ the children's Acknowledged Father, who signed an *Acknowledgment of Paternity* and filed it with (*check all that apply*):
  - □ Tulalip Tribal Court on (*date*): \_\_\_\_\_\_ and/or

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- □ Washington State Registrar of Vital Statistics on (*date*): \_\_\_\_\_.
- □ A copy of the *Acknowledgment of Paternity* is **<u>attached</u>**.
- $\Box$  the children's Adjudicated Father, as determined by court order entered on
  - (date): \_\_\_\_\_
    - □ A copy of the Order on Petition for Establishment of Paternity is **attached**.

### The **Respondent** in this action, (name): \_\_\_\_\_\_

- □ Mother
- □ Father
- □ the children's Acknowledged Father, who signed an *Acknowledgment of Paternity* and filed it with (*check all that apply*):
  - □ Tulalip Tribal Court on (*date*): \_\_\_\_\_\_ and/or
  - □ Washington State Registrar of Vital Statistics on (*date*): \_\_\_\_\_.
  - □ A copy of the *Acknowledgment of Paternity* is **attached**.
- $\Box$  the children's Adjudicated Father, as determined by court order entered on

(date): \_\_\_\_\_

□ A copy of the Order on Petition for Establishment of Paternity is **attached**.

# 5. 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 Washington, 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.				
5.				

### 6. RESIDENTIAL PLACEMENT.

(check the box that applies):

- $\Box$  Does <u>not</u> apply. (*skip to Section 7*)
- □ 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**.

\_\_\_\_\_ is:



- □ I ask the Court to give no visitation to Respondent because the following reasons for limiting visitation apply and are severe enough to justify no visitation (*check at least one reason*):
  - □ The parent with whom the children do not reside a majority of the time has engaged in the following conduct (*check all that apply*):

    - □ 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.

# 7. 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.		

# **8. INVOLVEMENT IN ANY OTHER PROCEEDING CONCERNING THE CHILDREN.** *(check the box that applies):*

- □ I have <u>not</u> 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



# 9. OTHER LEGAL PROCEEDINGS CONCERNING THE CHILDREN.

(check the box that applies):

- $\Box$  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*):

Court	Case #	Proceeding Type
	Court	Court Case #

### 10. CHILD SUPPORT, INSURANCE, AND TAXES.

□ Pay child support according to the Tulalip Tribes Child Support Guidelines and Schedule. My completed *Tulalip Tribes' Child Support Schedule Worksheet* is <u>attached</u>. (Check "Clerk action required" box in the header on the first page of this Petition if you are asking the court for a Child Support Order.)

**Please note:** Tulalip Tribal Court Rules 3.10 mandates the following: Once a petition for a parenting plan and child support has been filed with the Court, the parties have three days to contact the Tulalip Child Support Program (TCSP) to request child support services or provide updated information for enforcement of a child support order. TCSP shall prepare and maintain a referral form for the Court.

- $\Box$  Provide and keep health insurance for the children.
- □ Pay the children's day care, uninsured medical, or other expenses.
- $\Box$  No request made for support of children.

**Tax Exemptions** – I ask the Court to order:

- $\Box$  Petitioner/s may claim the children as dependents on tax forms.
- Other (specify): \_\_\_\_\_\_

### **11. REIMBURSEMENT.**

(check all that apply):

Does **not** apply. (*skip to Section 12*)

□ (*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.

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□ If there is not a current child support order, up to 10% of the NCP's gross income can be ordered to back pay arrears for custodial parent, Tribal, or State Dept.

### 12. PER-CAPITA AND BONUS FUNDS OF CHILDREN.

(check the box that applies):

- Does <u>not</u> apply. No children receive per-capita/bonus funds. (*skip to Section 13*)
- □ Children receiving per-capita/bonus funds are listed below:

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

I ask that the Parent/Guardian to receive:

- Per-capita for the children listed above is (name):
  \_\_\_\_\_\_
- Bonus funds for the children listed above is (*name*): \_\_\_\_\_
- □ Other (*specify*): \_\_\_\_\_

### **13. FEES AND COSTS.**

(check one):

- Does not apply. (*skip to Section 14*)
- □ I ask the Court to order the Respondent to pay lawyer fees, guardian ad litem fees, court costs, and other reasonable fees.

### 14. OTHER REQUESTS.

(check one):

- $\Box$  Does <u>not</u> apply.
- □ I ask the Court to order (*specify*): \_\_\_\_\_

### **Petitioner fills out below:**



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# DECLARATION

I declare under penalty of perjury under the laws of the Tulalip 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
agree to accept legal papers fo	or this case at (check one):		
☐ My lawyer's address, list			
	his does not have to be your he	ome address):	
-			
street address or PO box	city	state	zip code
email address (optional):	·		
If this address changes b	pefore the case ends, you must	notify all parties and	the Court Clerk in
5	must fill out and file a Confid	00 1	

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

Clerk.

Petitioner's lawyer signs here	Print Name and WSBA No.		Date	
Lawyer's street address or PO box	city	state	zip code	

*Lawyer's email address (if applicable)* 

### Other Petitioner (if any) fills out below:

I declare under penalty of perjury under the laws of the Tulalip 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 Other Petitioner

Print Name

Date