**Tribal Court Information Sheet**

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

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

Directions to residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Enrollment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will need to provide two forms of ID to Keetoowah Tribal Court upon filling out this form.

IN THE DISTRICT COURT OF UNITED KEETOOWAH BAND OF

CHEROKEE INDIANS IN OKLAHOMA

TAHLEQUAH, OK

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**  **Petitioner,**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**  **Respondent.** | **Case No.** |

**PETITION TO ESTABLISH PATERNITY, DETERMINE CUSTODY AND**

**TIME-SHARING AND ASSESS CHILD SUPPORT**

The PETITIONER comes before this court and states:

1. The Petitioner or Respondent is a resident of Oklahoma
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is the mother of the minor child(ren).
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is the father of the minor child(ren).
4. The name, date of birth and ages of the minor child(ren) are

Name Date of Birth Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Paternity (choose 1)**

[ ] 5. Paternity has not been established

OR

[ ] 5. Paternity has been established as follows: [check all that apply]

[ ] Respondent has acknowledged his paternity of the minor child(ren) in writing filed with the Department of Vital Statistics in the state which the child(ren) was born.

[ ] Respondent has consented to paternity and is named as father on the minor child(ren) birth certificate.

[ ] Paternity of the minor child(ren) has been established by blood test.

[ ] Respondent has openly held out the minor child(ren) as his natural child(ren) and established a personal, financial or custodial relationship with the minor child(ren).

**Residence of Child(ren)**

1. During the past three years, the minor child(ren) have lived with the following persons, at the following places and for the following periods of time:

With Address Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Prior or Pending Litigation [Choose 1]**

[ ] 7. Petitioner knows of no other litigation, past or present, concerning custody or visitation involving the minor child(ren) of the parties in Oklahoma or in any other state in which Petitioner has participated as a party, as a witness, or in any other capacity.

**OR**

[ ] 7. Issues concerning custody or visitation involving the minor child(ren) of the parties were previously litigated in the following court action(s):

Case Name Case Number Name and Location of Court

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other Custody and Visitation Claims** [Choose 1]

[ ] 8. Petitioner knows of no persons other than the parties who have physical custody of the minor child(ren) or who claims to have custody or visitation rights to the minor child(ren).

**OR**

[ ] 8. The following persons other than the parties have physical custody of the minor child(ren) or claims to have custody or visitation rights to the minor child(ren).

Name Residence

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Custody Request** [Choose 1]

[ ] 9. The parties should be awarded joint legal custody of the minor child(ren), with primary physical custody in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and periods of care and responsibility consistent with the best interest of the child(ren).

OR

[ ] 9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ should be awarded sole legal and physical custody of the child(ren) subject to the other parent’s reasonable rights of visitation. Sole legal and physical custody is in the best interest of the child(ren) because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Child Support**

[ ] 10. Child support should be set according to the Oklahoma Child Support Guidelines and the Respondent should be ordered to pay child support in an amount as determined by the Child Support Guidelines and Worksheet.

[ ] 10. Petitioner requests immediate child support during the pendency of this case, in accordance with the Oklahoma Child Support Guidelines.

[ ] 10. Petitioner requests the child support be retroactive to the birth of the child(ren), and that the amount of child support be in accordance with the Child Support Guidelines.

[ ] 10. Petitioner requests that the Respondent be ordered to pay the lying-in expenses, including hospital and medical expenses, in a reasonable amount.

[ ] 10. Respondent should be ordered to purchase life insurance with a substantial benefit amount, naming the other parent as trustee for the benefit of the minor child(ren) in order to pay the child support obligation upon parent’s death.

[ ] 10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ should provide health and dental insurance for the minor child(ren).

**Medical Expenses** [Choose 1]

[ ] 11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_should pay 100% of the child(ren) health and dental expenses not paid by insurance.

[ ] 11.The parties should each pay one-half of the child(ren) health and dental expenses not paid by insurance.

[ ] 11. The parties should pay the child(ren) health and dental expenses not paid by insurance in the percentages shown on the child support worksheet.

**Blood Testing**

[ ] 12. Petitioner requests blood testing be ordered with blood samples to be sent for testing to a qualified blood testing laboratory and HLA tests and any other tests facility recommends to be performed.

**Birth Record**

[ ] 13. Upon determination of paternity, the Department of Vital Statistics should be ordered to change the birth record of the minor child(ren) to reflect the paternity as determined by the courts.

**WHEREFORE,** Petitioner asks the Court to:

1. Establish the paternity of the minor child(ren).
2. Award child custody in accordance with the Petition.
3. Order child support according to the Child Support Guidelines.
4. Grant such other and further relief as the Court deems just and equitable.

Respectfully Submitted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Petitioner

STATE OF OKLAHOMA )ss.

COUNTY OF \_\_\_\_\_\_\_\_\_\_ )

I, the petitioner, being first duly sworn upon oath, depose and state that I am the Petitioner in the above-entitled case. I have read the attached Petition to establish paternity, determine custody and time-sharing, and assess child support. I state that the contents thereof are true and correct, except to the matters stated on information and belief, and those matters I believe to be true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Sworn to before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_.

My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public