

**IN THE  
SOKAOGON CHIPPEWA TRIBAL COURT**

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\_\_\_\_\_,  
Print First and Last Name

Petitioner,

**MOTION FOR RELIEF**

and

**Sokaogon Chippewa Tribal Court Case  
No. \_\_\_\_\_**

\_\_\_\_\_,  
Print First and Last Name

Respondent.

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Pursuant to the relevant Sokaogon Chippewa Community Codes, the petitioner requests the Court grant the below requested relief. Petitioner states as follows:

**I. PETITIONER'S INFORMATION:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

(State physical address also if P.O. Box is listed)

Phone Number(s): Home \_\_\_\_\_

Cell/Other \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Sokaogon Chippewa Community Member:     Yes             No             Unknown

Resides on Sokaogon Chippewa tribal lands:  Yes     No     Unknown

Other Tribal membership, affiliation and/or residence on tribal lands, if any:

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

**II. RESPONDENT'S INFORMATION:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

(State physical address also if P.O. Box is listed)

Phone Number(s): Home \_\_\_\_\_ Cell/Other \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Sokaogon Chippewa Community Member:  Yes  No  Unknown

Resides on Sokaogon Chippewa tribal lands:  Yes  No  Unknown

Other Tribal membership, affiliation and/or residence on tribal lands, if any:

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

**III. MINOR CHILD(REN):** (if applicable, if not then skip to ahead to IV.)

a. Name \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Sokaogon Chippewa Community Member:  Yes  No  Unknown

Resides on Sokaogon Chippewa tribal lands:  Yes  No  Unknown

Other Tribal membership, affiliation and/or residence on tribal lands, if any:

\_\_\_\_\_

b. Name \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Sokaogon Chippewa Community Member:  Yes  No  Unknown

If yes, her/her tribal enrollment number is \_\_\_\_\_  Unknown

Resides on Sokaogon Chippewa tribal lands:  Yes  No  Unknown

Other Tribal membership, affiliation and/or residence on tribal lands, if any:

\_\_\_\_\_

c. If more than two children list their names and dates of birth here \_\_\_\_\_

\_\_\_\_\_

**IV. JURISDICTION:**

a. An action (court case) regarding any of the above-named children, or regarding the purpose of this Motion, was or has been commenced (started), or is pending (unresolved) in any other state or tribal court. € Yes € No.

If yes, location where action was commenced or is pending: City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Case No.: \_\_\_\_\_.

**NOTICE: IF AN ACTION REGARDING ANY OF THE ABOVE-NAMED CHILDREN AND/OR REGARDING THE PURPOSE OF THIS MOTION, HAS BEEN COMMENCED OR IS PENDING IN ANY OTHER STATE OR TRIBAL COURT THEN YOU MUST NOT FILE THIS MOTION. THE SOKAOGON CHIPPEWA TRIBAL COURT DOES NOT HAVE JURISDICTION OVER CASES THAT HAVE BEEN COMMENCED OR THAT ARE PENDING IN ANY OTHER STATE OR TRIBAL COURT.**

b. By filing this motion, I recognize that I voluntarily submit to the personal and subject matter jurisdiction of the Sokaogon Chippewa Community Judiciary. The facts stated below support the assumption of jurisdiction over the petitioner \_\_\_\_\_ (First and Last Name), the respondent \_\_\_\_\_ (First and Last Name), and if applicable the above-named minor children. In particular, the Court may exercise personal jurisdiction over the parties due to satisfaction of one or more of the following conditions (check all that apply):

- € the petitioner, \_\_\_\_\_ (First and Last Name), is an enrolled member of the Sokaogon Chippewa Community, and has maintained a residence in the State of Wisconsin for at least six (6) consecutive months prior to the filing of this motion;
- € the respondent, \_\_\_\_\_ (First and Last Name), is an enrolled member of the Sokaogon Chippewa Community, and has maintained a residence in the State of Wisconsin for at least six (6) consecutive months prior to the filing of this motion;
- € The petitioner, \_\_\_\_\_ (First and Last Name), presently resides on tribal land, and has maintained this residence for at least six (6) consecutive months;
- € the respondent, \_\_\_\_\_ (First and Last Name), resides on tribal land, and has maintained this residence for at least six (6) consecutive months;
- € the marriage between the parties was solemnized by a member of the Sokaogon Chippewa Community Judiciary.

**V. RELIEF REQUESTED:**

Briefly describe the what your want to the court to order; the reasons why you are asking the court to grant the order; and the person(s), children (if applicable), and issues/problems involved.

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**WHEREFORE**, Petitioner, \_\_\_\_\_ (First and Last Name), requests that the Court grant the following relief:

1. Granting that:
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. Granting such other and further relief as the court may deem just and equitable.

**BY SIGNING BELOW**, I swear that I have provided the above information in good faith and with the belief that each statement represents a true and accurate account of the facts based upon my personal knowledge and belief.

I recognize that the Sokaogon Chippewa Community Tribal Court may impose sanctions if it determines that I have made statements in bad faith, including intentional misstatements or statements made that are known or believed to be false. I file this motion of my own free will and absent threats, intimidation or coercion of any kind. I understand that any decision reached by the Sokaogon Chippewa Community Tribal Court is binding and that if I disagree with the findings or conclusions or remedies of the Tribal Court, I may file an appeal with the Sokaogon Chippewa Community Tribal Appellate Court. I further acknowledge that since I am submitting myself to the jurisdiction of the Sokaogon Chippewa Community Tribal Court, I am subject to its determinations, including those relating to contempt of court.

**RESPECTFULLY SUBMITTED BY,**

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

\_\_\_\_\_  
Print First and Last Name, Petitioner

\_\_\_\_\_  
Signature

**SIGNATURE MUST BE NOTARIZED**

SUBSCRIBED AND SWORN TO before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, at  
\_\_\_\_\_ (City), Wisconsin.

\_\_\_\_\_  
Signature of Notary Public  
My commission expires: \_\_\_\_\_

(Notary Seal)