## IN THE SOKAOGON CHIPPEWA TRIBAL COURT

Print	First and Last Name
	PETITION FOR RELIEF Petitioner,
and	Case No
Print	First and Last Name
	Respondent.
	Pursuant to the relevant Sokaogon Chippewa Community Codes, the petitioner requested relief. Petitioner states as follows:  PETITIONER'S INFORMATION:
the	Court grant the below requested relief. Petitioner states as follows:
	Court grant the below requested relief. Petitioner states as follows:  PETITIONER'S INFORMATION:
	PETITIONER'S INFORMATION:  Name  Date of Birth  Address
	PETITIONER'S INFORMATION:  Name  Date of Birth  Address  (State physical address also if P.O. Box is listed)
	PETITIONER'S INFORMATION:  Name  Date of Birth  Address  (State physical address also if P.O. Box is listed)  Phone Number(s): Home
	PETITIONER'S INFORMATION:  Name  Date of Birth  Address  (State physical address also if P.O. Box is listed)
	PETITIONER'S INFORMATION:  Name  Date of Birth  Address  (State physical address also if P.O. Box is listed)  Phone Number(s): Home  Cell/Other
	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:

## 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 \_\_\_\_ 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: Name \_\_\_\_\_ Age \_\_\_ Date of Birth \_\_\_\_ b. Address Sokaogon Chippewa Community Member: Yes No Unknown

## IV. JURISDICTION:

**c.** If more

than

two

**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.  $\in$  Yes  $\in$  No.

list

their

names

and

dates

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

Resides on Sokaogon Chippewa tribal lands: 
Yes No Unknown Other Tribal membership, affiliation and/or residence on tribal lands, if any:

children

Unknown

of

birth

If yes, location where action is commenced or pending: City:  County: State: Case No.:	_
NOTICE: IF AN ACTION REGARDING ANY OF THE ABOVE-NAMED CHILDREN AND/OREGARDING THE PURPOSE OF THIS MOTION, HAS BEEN COMMENCED OR I	
PENDING IN ANY OTHER STATE OR TRIBAL COURT THEN YOU MUST NOT FILE THI MOTION. THE SOKAOGON CHIPPEWA TRIBAL COURT DOES NOT HAV JURISDICTION OVER CASES THAT HAVE BEEN COMMENCED OR THAT AR PENDING IN ANY OTHER STATE OR TRIBAL COURT.	IS E
<b>b.</b> By filing this petition, I recognize that I voluntarily submit to the personal and subjematter 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 one or more of the following conditions (check all that apply):	he e), or
€ 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 petition;	ed te
€ the respondent, (First and Last Name), is an enrolled member of the Sokaogon Chippewa Community, and has maintained a residence in the Star of Wisconsin for at least six (6) consecutive months prior to the filing of this petition;	ed te
€ The petitioner, (First and Last Name), presently residence for at least six (6) consecutive months;	es
€ the respondent, (First and Last Name), resides on trib- land, and has maintained this residence for at least six (6) consecutive months;	al
€ the marriage between the parties was solemnized by a member of the Sokaogon Chippew Community Judiciary.	va
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 th	e court may deem just and equitable.
belief that each statement represents a true and a knowledge and belief.  I recognize that the Sokaogon Chippewa Communithat I have made statements in bad faith, including known or believed to be false. I file this petition coercion of any kind. I understand that any decirribal Court is binding and that if I disagree with Court, I may file an appeal with the Sokaogon Cacknowledge that since I am submitting mysteric control of the statement of the source of the	vided the above information in good faith and with the accurate account of the facts based upon my personal nity Tribal Court may impose sanctions if it determines g intentional misstatements or statements made that are of my own free will and absent threats, intimidation or ision reached by the Sokaogon Chippewa Community h the findings or conclusions or remedies of the Tribal Chippewa Community Tribal Appellate Court. I further self to the jurisdiction of the Sokaogon Chippewa eterminations, including those relating to contempt of
Date:	Print First and Last Name, Co-petitioner
_	Signature
S	IGNATURE MUST BE NOTARIZED
SUBSCRIBED AND SWORN TO before me this day of , 20 , at (City), Wisconsin	t
Signature of Notary Public My commission expires:	_ (Notary Seal)
wry commission capites.	_ (Inotally Seal)