

IN THE HOOPA VALLEY TRIBAL COURT HOOPA VALLEY INDIAN RESERVATION HOOPA, CALIFORNIA

In	re parenting and support of:		
Cl	hildren:	Case No	
Pe	etitioner:	RESIDENT	FOR CHILD CUSTODY, IAL SCHEDULE/PARENTING D/OR CHILD SUPPORT
ane	d		
Re	espondent:		
bee wit	e this petition to ask for a Residential Schedule/len established by (1) court order that determined the the Hoopa Valley Tribal Court or with the Calen established, use the forms included in the Pate CAUSE OF ACTION.	l an adjudicated Father lifornia State Registrar	or (2) Acknowledgment of Paternity filed of Vital Statistics. If parentage has not
	This action is brought pursuant to Hoopa V 14.A.4.20 Paternity §14.A.6.40 and Child , Petitione	Support § 14.A.6.120	
	I ask the Court to approve a (check all that		ential Schedule or Parenting Plan Support Order
2.	JURISDICTION OVER PARENTS.		cupport of ac.
	The Hoopa Valley Tribal Court has person parents because (check all that apply):	nal jurisdiction (autho	rity to make decisions) over the
	The Petitioner:		
	is a member of the		
	Enrollment #:		
	TITION FOR CHILD CUSTODY, S. SCHEDULE/PARENTING PLAN,	PAGE 1 OF 9	Hoopa Valley Tribal Cou. P.O. Box 1389 12530 State Highway 9



	resides within the boundaries of the		Indian Reservation.			
Tì	ne Respondent:					
	is a member of	Indian Tribe.				
	Enrollment #:					
	resides within					
TI						
11		dren involved in this case:				
 are enrolled members or are eligible for enrollment as members Hoopa Valley Tribe. 				ers of the		
			a Valley Reservation			
	 □ are Indian children who reside or are domiciled on the Hoopa V □ have been placed in temporary care of Hoopa Valley Reservation 			•		
by Hoopa Valley Tribe for placement of Indian children.				mon of in a care facility ficelise.		
П	The (check all that	(apphy): D Petiti	oner Respondent submit	ts to jurisdiction of this court by		
	consent as evidence			is to jurisdiction of this court by		
П		• •	•	previously made Child Custody,		
Ш			e, or <i>Visitation</i> determination			
	jurisdiction.		,			
CI	HILDREN.					
				and I are parents of the		
fol	lowing children:					
	Child's Name	Date of Birth	Current Residence	Enrollment (if applicable)		
			Resides with / Resides at:	Indian Tribe Name / Enrollment #:		
1.						
			Resides with / Resides at:	Indian Tribe Name / Enrollment #:		
2.		ļ				
			Resides with / Resides at:	Indian Tribe Name / Enrollment #:		
3.						
			Resides with / Resides at:	Indian Tribe Name / Enrollment #:		
4.						
_			Resides with / Resides at:	Indian Tribe Name / Enrollment #:		
5.						
	ARENTAGE. speat this section for	e aaah ahild as maa	dad)			
•	-		•			
	garding the children		above:			
Th	e Petitioner in this a	ection is:				
	☐ Mother					
TITIO	N FOR CHILD CUSTODY,	,		Hoopa Valley Tribal Cour		



5.

☐ Father						
		the children's Acknowledge	ed Father, who signe	d an <i>Acknowledgmen</i>	at of Paternity and filed it	
		with (check all that apply):				
		☐ Hoopa Valley Triba	al Court on <i>(date):</i> _	and	l/or	
		☐ California State Reg	gistrar of Vital Statis	stics on (date):	•	
		☐ Hoopa Valley Triba	ıl Enrollment Depart	ment		
		☐ A copy of the Acknowledgment of Paternity is <u>attached</u> .				
		the children's Adjudicated I	Father, as determined	d by court order enter	red on	
		(date):				
		☐ A copy of the <i>Order</i>	r on Petition for Este	ablishment of Paterni	ity is attached.	
The	e Re	spondent in this action is:				
		Mother				
		Father				
		the children's Acknowledge	d Father, who signe	d an <i>Acknowledgmen</i>	t of Paternity and filed it	
		with (check all that apply):				
		Hoopa Valley Triba				
		California State Reg			.	
		☐ Hoopa Valley Triba	_			
	_	☐ A copy of the Acknowledge		• • • • • • • • • • • • • • • • • • • •		
	Ш	the children's Adjudicated F	ather, as determined	d by court order enter	ed on	
		(date):	u au Datition fan Eat	abliation and of Datame	in is attached	
		☐ A copy of the <i>Order</i>	r on Pennon jor Esi	wishmeni oj Paierni	ty is attached.	
СН	ILI.	DREN'S HOME(S).				
Dui	ring	the last five (5) years, the ch	ildren have lived <i>(ch</i>	eck the box that appl	lies):	
	_	no place other than the State of	•		-	
		spondent(s).	or Camorina and wit	in no person outer the	in the recitioner(s) or	
		he following places with the	following persons (l	ist each place the chi	ld lived, including the	
State of California, the dates the child lived there, and the names of the persons with whom the			ersons with whom the			
_	chii	ld lived):				
		Child's Name	Place	Dates	Name of Person	
	1.					
	2.					
	3.					
į	5.					
	<i>3.</i> 4.					



	TIAL PLACEMENT. box that applies):
☐ Does <u>ne</u>	ot apply. (skip to Section 7)
	e Court to approve my proposed <i>Residential Schedule</i> . This schedule may include reasons iting one or both parents' visitation. <i>(Check one):</i>
	I am filing and serving my proposed Residential Schedule with this Petition.
	I will file and serve my proposed Residential Schedule later.
	e Court to give no visitation to Respondent because the following reasons for limiting on apply and are severe enough to justify no visitation (check at least one reason):
	Abandonment – (name): intentionally abandoned a child listed in Section 2 for an extended time.
	Neglect – (name): substantially refused to perform his/her parenting duties for a child listed in Section 2.
	Child Abuse – (name): (or someone living in that parent's home) abused or threatened to abuse a child. The abuse was (check all that apply): □ physical □ sexual □ repeated emotional abuse.
	Domestic Violence – (name): (or someone living in that parent's home) has a history of domestic violence as defined by Section 1.2 of Ordinance 117 of the Hoopa Valley Tribe's' Domestic Violence Code.
	Assault – (name): (or someone living in that parent's home) has assaulted or sexually assaulted someone causing grievous physical harm, causing fear of such harm or resulting in a pregnancy.
	Sex Offense –
	☐ (name): has been convicted of a sex offense as an adult.
	☐ Someone living in (name):
	Other Reason (specify):
	TO CUSTODY OR VISITATION. box that applies):
	know of any person other than a named party who has physical custody of the children or have custody or visitation rights to the children.
	lowing persons have physical custody of the children or claim to have custody or on rights to the children (list each child's name and the name of such person below):

7.



	Ch	ild's Name	Nar	ne of Person
	1.			·
	2.			
	3.			
	4.			
	5.			
	I have been involved in	ed in any proceeding reg	garding the children. ngs regarding the childr	THE CHILDREN. en (list the Court, the case
	Child's Name	Court	Case #	Date
	Chiid s Name	Court	Case #	Date
	-			
). O	THER LEGAL PROCE	EEDINGS CONCERN	ING THE CHILDREN	.
(c	heck the box that applies,) <u>:</u>		
	•	ther legal proceedings co	_	
		g legal proceedings which, and type of proceeding		list the child concerned,
	Child's Name	Court	Case#	Proceeding Type



10. CHILD SUPPORT, INSURANCE, AND TAXES. Support – I ask the Court to order the Respondent, (name): to (check all that apply): Pay child support according to the Hoopa Valley Tribe's Child Support Guidelines and Schedule. (check all that apply): ☐ A copy of the *Hoopa Valley Child Support Schedule Worksheet* is **attached**. ☐ A copy of the Petitioner's *Financial Declaration* is **attached**. ☐ A copy of the Respondent's Financial Declaration is attached (if Respondent/s joins). Provide and keep health insurance for the children. Pay the children's day care, uninsured medical, or other expenses. ☐ No request made for support of children. **Tax Exemptions** – I ask the Court to order: Petitioner/s may claim the children as dependents on tax forms. \square 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. ☐ If there is not a current child support order, up to 10% of the Non-Custodial Parent's gross income can be ordered to back pay arrears for custodial parent, Tribal, or State Department. 12. PER-CAPITA AND CHRISTMAS BONUS FUNDS OF CHILDREN. (check the box that applies): Does **not** apply. No children receive Per-capita funds. (skip to Section 13) ☐ Children receiving Per-capita funds are listed below: Date of Birth Child's Name 1. 2.

3.



	4.			
	5.			
I	ask that the Parent/Guard	lian to receive:		
	☐ Per-capita for the	children listed above is (name):		
	-	dren listed above is (name):		
	EES AND COSTS. heck one):			
	Does not apply. (skip	to Section 14)		
	I ask the Court to orde	er the Respondent to pay lawyer fee	es, court costs, and o	ther reasonable fees.
	THER REQUESTS. heck one):			
	Does <u>not</u> apply.			
	I ask the Court to orde	er (specify):		
			. <u>.</u>	
Petiti	oner fills out below:	DECLARATION		
action	are under penalty of perj , that I have made the al erefore, believe that the	ury under the laws of the Hoopa Valegations contained in this petition	alley Tribe that I am based upon my first	the Petitioner in this -hand knowledge,
>	atives of Dotition on	Print Name		Date
sign	ature of Petitioner	1 tini iyame		Dute
I agre	My lawyer's address,	s for this case at (check one): listed below. s (this does not have to be your hon	ne address):	
	street address or PO bo	x city	state	zip code
	email address (option	al):		
	(If this address chang writing.)	es before the case ends, you must n	otify all parties and	the Court Clerk in

PETITION FOR CHILD CUSTODY, RES. SCHEDULE/PARENTING PLAN, AND/OR CHILD SUPPORT 1.0 08/10/18

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Important! You must fill out and file a Confidential Information form with the Court Clerk.

Other Petitioner (if any) fills out below:

I declare under penalty of perjury under the laws of the Hoopa Valley Tribe 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 Date Print Name

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

Petitioner's lawyer signs here	Print Name and Hoopa	Tribal Bar No.	Date
awyer's street address or PO box	city	state	zip code

Lawyer's email address (if applicable)



\square JOINDER.

Respondent fills out below (in Petition:	the presence of a Notary Public)	<u>if</u> he/she agrees to join this
I (name):agree to the entry of an order in	join in the peti accordance with the petition, with	ition. By joining in the petition, I nout further notice.
Signature of Joining Party	Print Name	Date
agree to the entry of an order in	join in the pet accordance with the petition, with	ition. By joining in the petition, I nout further notice.
Signature of Joining Party	Print Name	Date
	NOTARY PUBLIC is	n and for the State of California
	27 XV	<u> </u>
	My appointment expi	res: