



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

In re parenting and support of:

**Children:**

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

**Petitioner:**

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

and

**Respondent:**

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

Case No. \_\_\_\_\_

**PETITION FOR CHILD CUSTODY,  
RESIDENTIAL SCHEDULE/PARENTING  
PLAN, AND/OR CHILD SUPPORT**

Next hearing: \_\_\_\_\_

*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 Hoopa Valley Tribal Court or with the California 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 Hoopa Valley Tribe's Domestic Relations Code for Custody § 14.A.4.20 Paternity §14.A.6.40 and Child Support § 14.A.6.120 by (name):

\_\_\_\_\_, Petitioner.

I ask the Court to approve a (check all that apply):  Residential Schedule or Parenting Plan  
 Child Support Order

**2. JURISDICTION OVER PARENTS.**

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

**The Petitioner:**

is a member of the \_\_\_\_\_ Indian Tribe.  
Enrollment #: \_\_\_\_\_



resides within the boundaries of the \_\_\_\_\_ Indian Reservation.

**The Respondent:**

is a member of the \_\_\_\_\_ Indian Tribe.

Enrollment #: \_\_\_\_\_

resides within the boundaries of the \_\_\_\_\_ Indian Reservation.

**The children involved in this case:**

are enrolled members or are eligible for enrollment as members of the Hoopa Valley Tribe.

are Indian children who reside or are domiciled on the Hoopa Valley Reservation.

have been placed in temporary care of Hoopa Valley Reservation or in a care facility licensed by Hoopa Valley Tribe for placement of Indian children.

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, Residential Schedule, or Visitation* determination in this matter and retains jurisdiction.

**3. CHILDREN.**

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

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

Mother



- Father
- the children's Acknowledged Father, who signed an *Acknowledgment of Paternity* and filed it with (check all that apply):
  - Hoopa Valley Tribal Court on (date): \_\_\_\_\_ and/or
  - California State Registrar of Vital Statistics on (date): \_\_\_\_\_.
  - Hoopa Valley Tribal Enrollment Department
  - A copy of the *Acknowledgment of Paternity* is **attached**.
- 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 is:

- Mother
- Father
- the children's Acknowledged Father, who signed an *Acknowledgment of Paternity* and filed it with (check all that apply):
  - Hoopa Valley Tribal Court on (date): \_\_\_\_\_ and/or
  - California State Registrar of Vital Statistics on (date): \_\_\_\_\_.
  - Hoopa Valley Tribal Enrollment Department
  - A copy of the *Acknowledgment of Paternity* is **attached**.
- 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 California 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 California, 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):*

- Does **not** apply. *(skip to Section 7)*
- I ask the Court to approve my proposed *Residential Schedule*. This schedule may include reasons for limiting one or both parents' visitation. *(Check one):*
  - I am filing and serving my proposed *Residential Schedule* with this *Petition*.
  - I will file and serve my proposed *Residential Schedule* later.
- 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):*
  - 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):* \_\_\_\_\_'s home has been convicted as an adult or adjudicated as a juvenile of a sex offense.
  - Other Reason** *(specify):* \_\_\_\_\_

**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.		
4.		
5.		

**8. INVOLVEMENT IN ANY OTHER PROCEEDING CONCERNING THE CHILDREN.**

*(check the box that applies):*

- I have **not** been involved in any 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):*

- 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):*

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.
- 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:

	Child’s Name	Date of Birth
1.		
2.		
3.		





**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*                      *Print Name*                      *Date*

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

➤ \_\_\_\_\_  
*Petitioner's lawyer signs here*                      *Print Name and Hoopa Tribal Bar No.*                      *Date*

\_\_\_\_\_  
*Lawyer's street address or PO box*                      *city*                      *state*                      *zip code*

\_\_\_\_\_  
*Lawyer's email address (if applicable)*





**JOINDER.**

**Respondent fills out below (in the presence of a Notary Public) if he/she agrees to join this Petition:**

I (*name*): \_\_\_\_\_ join in the petition. By joining in the petition, I **agree** to the entry of an order in accordance with the petition, **without further notice**.

➤ \_\_\_\_\_  
*Signature of Joining Party*                      *Print Name*    *Date*

I (*name*): \_\_\_\_\_ join in the petition. By joining in the petition, I **agree** to the entry of an order in accordance with the petition, **without further notice**.

➤ \_\_\_\_\_  
*Signature of Joining Party*                      *Print Name*    *Date*

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of California

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

My appointment expires: \_\_\_\_\_

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