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| **Nottawaseppi Huron Band of the Potawatomi** **Tribal Court** | **Petition for** **Child Protective Proceedings****Cover Sheet** **for Multiple Children** | **Case No.**  |

 Court Address: 2221 1 ½ Mile Road, Fulton, MI 49052 Court Telephone No.: (269) 704-8404 Court Fax No.: (269) 729-4826

**Please Take Note:**

The NHBP Tribal Court requires that an individual Petition for Child Protective Proceedings be filed for every child with each child assigned his or her own Tribal Court Case Number as the needs of each individual child are unique to that child, independent of siblings or other children living in the same household. The Court’s “One Family – One Judge” holistic approach will be utilized with assignment of all children to the same judge. If there are multiple children for whom there are also Petitions being filed who live in the same household, please also complete this Cover Sheet, attaching additional sheets if necessary, to help facilitate the proper management of these critical cases.

1. In the matter of:
2. Name of Child:

 Date of Birth: Location of Birth:

 Child’s Address:

 Child is Living with: 🞎 Mother 🞎 Father 🞎 Other:

 Mother’s Name:

 Father’s Name:

 Child Resides on NHBP land: 🞎 Yes 🞎 No 🞎 Unknown

 County of Legal Residence:

Child is Citizen of Federally-Recognized Tribe: 🞎 Yes 🞎 No 🞎 Unknown

 Tribe: 🞎 NHBP 🞎 Other: 🞎 Unknown

 Race: Gender: 🞎 Male 🞎 Female 🞎 Two-Spirit

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 Date of Birth: Location of Birth:

 Child’s Address:

 Child is Living with: 🞎 Mother 🞎 Father 🞎 Other:

 Mother’s Name:

 Father’s Name:

 Child Resides on NHBP land: 🞎 Yes 🞎 No 🞎 Unknown

 County of Legal Residence:

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 County of Legal Residence:

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 Father’s Name:

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 County of Legal Residence:

Child is Citizen of Federally-Recognized Tribe: 🞎 Yes 🞎 No 🞎 Unknown

 Tribe: 🞎 NHBP 🞎 Other: 🞎 Unknown

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 Father’s Name:

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 County of Legal Residence:

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 Father’s Name:

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 County of Legal Residence:

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 County of Legal Residence:

Child is Citizen of Federally-Recognized Tribe: 🞎 Yes 🞎 No 🞎 Unknown

 Tribe: 🞎 NHBP 🞎 Other: 🞎 Unknown

 Race: Gender: 🞎 Male 🞎 Female 🞎 Two-Spirit

1. Name of Petitioner:
* I am the Presenting Officer for the Nottawaseppi Huron Band of the Potawatomi
* I am the 🞎 Biological Mother 🞎 Step-Mother 🞎 Foster Mother of all of the children listed above
* I am the 🞎 Biological Mother 🞎 Step-Mother 🞎 Foster Mother of the following children listed above

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

* I am the 🞎 Biological Mother 🞎 Step-Mother 🞎 Foster Mother of the following children listed above

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

* I am the 🞎 Biological Mother 🞎 Step-Mother 🞎 Foster Mother of the following children listed above

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

* I am the 🞎 Biological Father 🞎 Step-Father 🞎 Foster Father of all of the children listed above
* I am the 🞎 Biological Father 🞎 Step-Father 🞎 Foster Father of the following children listed above

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

* I am the 🞎 Biological Father 🞎 Step-Father 🞎 Foster Father of the following children listed above

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

* I am the 🞎 Biological Father 🞎 Step-Father 🞎 Foster Father of the following children listed above

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

 Name of Child:

* I am a party of interest to the children listed above

 Name of Child:

 Relationship:

 Name of Child:

 Relationship:

 Name of Child:

 Relationship:

 Name of Child:

 Relationship:

 Name of Child:

 Relationship:

 Name of Child:

 Relationship:

 Name of Child:

 Relationship:

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date Signature of Petitioner/Presenting Officer

 Name of Petitioner:

 Agency:

 Address:

 City, State, Zip:

 Phone: