

IN THE INTEREST OF

Amended

**Petition for
Protection or Services
(Chapter 278)**

Name

Date of Birth

Case No. _____

I state on information and belief that the following is true: (if unknown or cannot be ascertained, so state)

1.

Petitioner's Name and Address			Petitioner's Attorney's Name and Address					
Child's Date of Birth	Child's Place of Birth	Child's Tribal Affiliation	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Race	Height	Weight	Hair Color	Eye Color
Child's Street and City Address								
Child has previously been adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Mother's Name and Address			Mother's Date of Birth	Mother's Place of Birth	Mother's Tribal Affiliation <input type="checkbox"/> Enrolled Menominee <input type="checkbox"/> Menominee Descendant <input type="checkbox"/> Other			
Father's Name and Address <input type="checkbox"/> See attached for additional parties.			Father's Date of Birth	Father's Place of Birth	Father's Tribal Affiliation <input type="checkbox"/> Enrolled Menominee <input type="checkbox"/> Menominee Descendant <input type="checkbox"/> Other			
Legal Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adjudicated/Adoptive <input type="checkbox"/> Presumed <input type="checkbox"/> Alleged <input type="checkbox"/> Unknown								
Other known information in regard to tribal affiliation or enrollment, including all potential tribes that the child/juvenile may be a member and aliases or enrollment numbers of parents, grandparents, or other direct lineal ancestors:								
<input type="checkbox"/> Guardian <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Indian Custodian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Spouse, if any. <input type="checkbox"/> If none of preceding, nearest relative.								
[Name] [Address]								
Child in temporary physical custody? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.								
Where held: _____								
<input type="checkbox"/> Not disclosed—threat of imminent danger to child-physical custodian.								

2. The child is non-Indian; Indian (Menominee); or is Indian (Non-Menominee) and subject to § 278-13 Indian tribe's name and address: _____

3. Under section(s): _____, the child is in need of protection or services because: _____

See attached

4. The child is placed out of the home.

A. Continued custody of the child by the parent or Indian custodian is is not likely to result in serious emotional or physical damage to the child.

B. Active efforts were were not made to provide remedial services and rehabilitation programs designed to prevent the breakup of the Indian family. See attached Statement of Active Efforts (CU-1000)

C. Placement in the home at this time is is not contrary to the child's welfare.

D. Reasonable efforts to prevent removal were [Complete one of the following]

made by the department or agency responsible for providing services as follows:

made by the department or agency responsible for providing services, although an emergency situation resulted in immediate removal of the child from the home as follows:

not required under §278-33 N (1), Menominee Tribal Code.

5. The person who took this child into custody and the departmental/intake worker have made reasonable and active efforts to return the child home while assuring the child's health and safety.

6. The Uniform Child Custody Jurisdiction Act Affidavit is attached to this Petition.

I request adjudication and entry of an appropriate dispositional order.



Tribal Prosecutor/Counsel/Petitioner

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

DISTRIBUTION:

1. Court
2. Child
3. Parent/Guardian/Legal Custodian/Indian Custodian
4. Department/Agency
5. Tribe
6. Other Interested Parties