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| **MENOMINEE INDIAN TRIBE OF WISCONSIN MENOMINEE TRIBAL COURT** |  |
| IN THE INTEREST OF      Name      Date of Birth | **Petition to Vacate****Consent Decree****and Waiver of Hearing**Case No.        |
|  |
| **PETITION TO VACATE CONSENT DECREE** |
| **I STATE ON INFORMATION AND BELIEF THE FOLLOWING IS TRUE:** |
|  |
|  1. | Child’s/Juvenile’s Street and City Address      |
|  | Parent 1’s Name and Address      |
|  | Parent 2’s Name and Address      |
|  | Guardian’s, Legal Custodian’s Name and Address      |
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|  |  |  |
|  2. | A consent decree was ordered by the court on [Date]                     . |
|  |  |  |
|  3. | The consent decree is scheduled to expire on [Date]                     . |
|  |  |
|  4. | The consent decree should be vacated:  |
|  |        |
|  |        |
|  |  |
|  5. | The parties [ ]  will [ ]  will not waive their rights to a hearing and agree that the proceedings shall be reinstated. |
|  |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Petitioner |
|  |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Printed or Typed |
|  |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address |
|  |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_Email Address Telephone Number |
|  |      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_Date State Bar No. (if any) |
|  |
| **WAIVER OF HEARING** |
|  |
| The following parties stipulate and agree that the court may enter an order vacating the consent decree and reinstate the proceedings. |
|       Child/Juvenile      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |       Child’s/Juvenile’s Attorney/GAL      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |
|  |  |
|       Parent 1      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |       Parent 2      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |
|  |  |
|       Indian Custodian      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |       Case worker      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |
|  |  |
|  |       Prosecuting Attorney      Name Printed or Typed      Address            Email Address Telephone Number            Date State Bar No. (if any) |
|  |  |
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