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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. | |
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| **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]                     . | | | | |
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| 4. | The consent decree should be vacated: | | | | |
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| 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) | |
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| **WAIVER OF HEARING** | | | | | |
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| 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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