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| **MENOMINEE INDIAN TRIBE OF WISCONSIN MENOMINEE TRIBAL COURT** | | | | |  |
| IN THE INTEREST OF    Name    Date of Birth | | | **Request to**  **Extend Consent Decree**  Case No. | |
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| 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 | | | | |
|  | Other | | | | |
|  |  | | | | |
|  |  |  | | | |
| 2. | A consent decree was ordered by the court on [Date]                     . | | | | |
|  |  |  | | | |
| 3. | The consent decree is scheduled to expire on [Date]                     . I request the Consent Decree be extended for an additional *[up to 6 months]*            for the following reason(s):                 . | | | | |
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| If you do not object, the request may be granted without a court hearing. If you object to the extension, a written objection must be filed with the court within ten (10) days of the filing of this request. If you file a written objection, a hearing will be scheduled. | | | | | |
|  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Petitioner | |
|  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name Printed or Typed | |
|  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address | |
|  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_  Email Address Telephone Number | |
|  | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_  Date State Bar No. (if any) | |
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