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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      |
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|  2. | A consent decree was ordered by the court on [Date]                     . |
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|  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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