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| **MENOMINEE INDIAN TRIBE OF WISCONSIN MENOMINEE TRIBAL COURT** | |  |
| IN THE INTEREST OF    Name    Date of Birth | Amended  **Petition under Chapter 278**  **Juvenile Protection and Services**  **Delinquency**  Case No. |

**I STATE ON INFORMATION AND BELIEF THAT THE FOLLOWING IS TRUE**: (if unknown or cannot be ascertained, so state)

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| 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  Female  Male | Race | Height | | Weight | Hair Color | | Eye Color |
|  | Child’s Street and City Address | | | | | | | | | | | | |
|  | Child has previously been adopted?  Yes  No | | | | | | | | | | | | |
|  | **Mother’s** Name and Address | | | | | | Mother’s  Date of Birth | | Mother’s Place of Birth | | | Mother’s Tribal Affiliation  Enrolled Menominee  Menominee Descendant  Other | |
|  | **Father’s** Name and Address  **See attached for additional parties**. | | | | | | Father’s  Date of Birth | | Father’s Place of Birth | | | Father’s Tribal Affiliation  Enrolled Menominee  Menominee Descendant  Other | |
| Legal Status:  Birth  Adjudicated/Adoptive  Presumed  Alleged 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: | | | | | | | | | | | | |
|  | Guardian  Legal Custodian  Indian Custodian  Foster Parent  Spouse, if any.  If none of preceding, nearest relative.  [Name]  [Address] | | | | | | | | | | | | |
|  | Name and Address of School Enrolled | | | | | | | | | | | | |
|  | Child in temporary physical custody?  No  Yes Date:       Time:        a.m.  p.m.  Where held:  Not disclosed–threat of imminent danger to child-physical custodian. | | | | | | | | | | | | |
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| 2. | The child is  non-Indian;  Indian (Menominee); or is  Indian (Non-Menominee) and subject to § 278-13  Indian tribe’s name and address: | | | | | | | | | | | | |
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| 3. | Under section(s):       , the child/juvenile is  in need of protection and services  delinquent  because:  **See attached** | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | |
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|  | B. | Active efforts  were  were not madeto provide remedial services and rehabilitation programs designed to prevent the breakup of the Indian family.  **See attached Statement of Active Efforts (CU-1000)** | | | | | | | | | | | |
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|  | C. | Placement in the home at this time  is  is not contrary to the child’s welfare. | | | | | | | | | | | |
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|  | 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. | | | | | | | | | | | |
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| 5. | The person who took this child into custody and the departmental/intake worker have made reasonable efforts to return the child home while assuring the child’s health and safety. | | | | | | | | | | | | |
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| 6. | The Uniform Child Custody Jurisdiction Act Affidavit is attached to this Petition. | | | | | | | | | | | | |
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| I request adjudication and entry of an appropriate dispositional order. | | | | | | | | | | | | | |
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| Distribution:  1. Court  2. Child  3. Parent/Guardian/Legal Custodian/Indian Custodian  4. Department/Agency  5. Tribe  6. Other Interested Parties | | | | | ►  Tribal Prosecutor/Counsel/Petitioner    Name Printed or Typed    Address    Email Address Telephone Number    Date State Bar No. (if any) | | | | | | | | |