INSTRUCTIONS FOR GUARDIANSHIP - INCAPACITATED ADULT

1. Read all instructions carefully.
2. We have provided an editable version of the Petition for Appointment of Guardian. There are highlighted directions contained within the editable versions that need to be deleted before printing your forms. Delete any part of the editable version that does not apply to your situation. If more than one person is asking to be appointed as guardian, the paperwork should read “Joint Guardians” instead of “Guardian.” Additional pages can be added if necessary.
3. When the forms are complete, print them off on 8 ½” x 11” letter-size paper. Legal sized paper cannot be accepted. Print each page on ONE SIDE ONLY.
4. After you have printed off your pleadings, the Petitioner (and Co-Petitioner) must sign the Petition IN FRONT OF A NOTARY.
5. Consent must be signed by the person for which you are seeking guardianship IN FRONT OF A NOTARY or a note from doctor as to why guardianship is needed.
6. The Letters of Guardianship and Order Appointing Guardian forms are what the Judge needs to sign to grant the guardianship. You should print these pleadings and and bring them with you on your court date.
7. Names and addresses for all adult children of the subject MUST be provided. If no adult children, names and addresses of living parents of the subject; if no living parents, names and addresses of all adult siblings and all adult grandchildren of the subject MUST be provided.

ENCLOSE THE FOLLOWING WITH YOUR PETITION:

When you are ready to mail or personally bring your Petition for Appointment of a Guardian to be filed with the Court Clerk’s office, you MUST bring the following in order to file your Petition:

1. Copy of your CDIB/membership card.
2. Information Sheet
3. Credit/debit card, cashier’s check or money order for $100.00 payable to **Choctaw Nation Judicial**. We cannot accept personal checks or cash.

If you have questions, you may call the Court Clerks office at (580) 920-7027. **Mail all correspondence to**

**P.O. Box 1160, Durant, OK 74702**. If filing in person, you may use the Choctaw Nation District Court Clerk’s office in Durant, located at 2250 Chukka Hina Drive or the Choctaw Nation Court Clerk’s office in Talihina,

located in the BIA Building at 302 Church Street.

ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize Choctaw Nation to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I authorize Choctaw Nation to charge my credit card

(full name)

account indicated below for $100.00. This payment is for .

(description of services)

Billing Address Phone#

City, State, Zip Email

Cardholder Name:

Account Number:

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discover

AMEX

Mastercard

Visa

**Account type:**

SIGNATURE DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

TYPE OF CASE

Guardianship Incapacitated Adult

PETITIONER’S INFORMATION

NAME: Last: First: Middle:

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: STATE: ZIP:

DATE OF BIRTH:

TELEPHONE: ALTERNATE NUMBER:

E-MAIL:

TRIBAL AFFILIATION:

INCAPACITATED PERSON’S INFORMATION

NAME: Last: First: Middle:

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: STATE: ZIP:

DATE OF BIRTH:

TELEPHONE: ALTERNATE NUMBER:

E-MAIL:

TRIBAL AFFILIATION:

IN RE THE GUARDIANSHIP OF:

(Ward’s Name), CASE NO. PGA-

An Incapacitated Person

PETITION FOR APPOINTMENT OF A GUARDIAN (JOINT GUARDIANS)

COMES NOW , and petitions this Court for the appointment of a guardian of

 , and in support of his/her Petition, represents and shows to the Court:

1. That is a resident of County, State of Oklahoma, and located within the territorial jurisdiction of the Choctaw Nation of Oklahoma and is a member of the Choctaw Nation.
2. That Petitioner is a person interested in the welfare of , and is the (spouse, son, daughter, friend, etc.) and therefore, is entitled to petition this Court for appointment of a guardian.
3. That the Petitioner(s) have or have not been convicted of felony. If yes, please provide details:
4. That is impaired by reason of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 A letter from (doctor, psychologist, social worker) is attached hereto, marked Exhibit “A: and incorporated herein by reference thereto.

1. That this impairment results in his/her inability to receive and evaluate information effectively and meet the essential requirements for his/her physical health and safety and manage his/her financial resources.
2. That impairment is evidenced by his/her
3. That notice of this Petition shall be given to the following individuals: NAME RELATIONSHIP ADDRESS
4. That Petitioner asserts that the subject of the guardianship (is married, is not married) and has the following children:

NAME ADDRESS

1. That Petitioner knows of no persons or organizations nominated by will or other writing to serve as guardian, or limited guardian of .
2. That (is, is not) receiving services from the Department of Children and Family Services.
3. That this Petition is not presented pursuant to the provisions of any Revised Uniform Veterans Guardianship Act, so notice to the Veterans Administration is not required.
4. That Petitioner is unaware of the existence or identity of the attorney representing

 .

1. That Petitioner is qualified as guardian of , and the Petitioner is not a minor, incapacitated, or partially incapacitated, nor a convicted felon, is not bankrupt, nor is he/she insolvent, or under any financial obligation to the Ward or subject to a conflict of interest which would preclude, or be substantially detrimental to his/her ability to act in the best interest of.

WHEREFORE, Petitioner respectfully requests that this Court set a date for hearing this Petition, order such notice as required by law and upon hearing this Petition, appoint Petitioner guardian of

 .

(NOTE: Each Petitioner must sign before a notary individually.)

Petitioner: Address: Phone number:

STATE OF OKLAHOMA
COUNTY OF

Before me, a Notary Public in and for said County and State, on this day

of 20 , personally appeared , of lawful age, being first duly

sworn upon oath state:

That is the Petitioner above named; that he/she has read the above and foregoing Petition for Appointment of Guardian and understand the same; that the facts contained therein are true and correct.

Subscribed and sworn to before me this day of , 20 .

Notary Public

My Commission Exp.:

IN RE THE GUARDIANSHIP OF:

(Ward’s Name), CASE NO. PGA-

An Incapacitated Person

CONSENT AND NOMINATION OF PROPOSED WARD STATE OF OKLAHOMA

COUNTY OF

I, , now upon my oath understand that a Petition for

Guardianship has been filed by regarding myself in The District

Court for the Choctaw Nation of Oklahoma. I also understand that I have the right to consult an attorney of my choice before signing this document and have elected not to do so.

I, , therefore waive any right that I may have to object to the

issuance of Letters of Guardianship to for myself. I sign this

consent without any duress or coercion forcing me to do so and do so because I believe it to be in the best interest of myself. With this document, I nominate said

as guardian for myself. I further waive any further notice in this matter. I have signed this consent freely without fraud or duress and without promises of any monetary article. I am not under the influence of any alcohol or drugs.

(ward’s name)

Subscribed and sworn to before me this day of , 20 .

Notary Public

My Commission Exp.:

IN RE THE GUARDIANSHIP OF:

 (Ward’s Name) CASE NO. PGA-

An Incapacitated Person

LETTERS OF GUARDIANSHIP

 is hereby appointed guardian (joint guardians) of the person of

 . This guardianship will remain in effect until further order

of the court. Witness the undersigned Judge of the District Court of Choctaw Nation this day of , 20 .

Judge of Choctaw Nation District Court

STATE OF OKLAHOMA COUNTY OF

I, , do solemnly swear that I will discharge all singular duties of Guardian of the person of , according to the law, and to the best of my ability. So help me God.

 Guardian (Joint Guardian)

Subscribed and sworn to before me this day of , 20 .

Judge of Choctaw Nation District Court

IN RE THE GUARDIANSHIP OF: CASE NO. PGA-

An Incapacitated Person

ORDER APPOINTING GUARDIAN (CO-GUARDIANS)

This cause comes on for hearing of the Petition of for her

appointment as the guardian of the person above named. The Petitioner appears in person. The Court then called the case for trial and after reviewing the file, hearing the agreement of all matters as announced by the parties and after being otherwise fully advised in the premises, finds: The court has jurisdiction in this matter since the person is located in this jurisdiction and is a member of the Choctaw Nation and that it is in the best interest of person, that Petitioner be appointed as guardian.

IT IS THEREBY ORDERED, ADJUDGED AND DECREED BY THE COURT

that be appointed guardian (joint guardians) of the person and property of , an incapacitated person, and Letters of Guardianship be issued to upon her taking the oath required by law and bond

is thereby waived.

Dated this day of , 20 .

Judge of Choctaw Nation District Court