

<p>Little Traverse Bay Bands of Odawa Indians Tribal Court</p>	<p>Petition for Dissolution of Marriage</p>	
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Court Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740

Ph: 231-242-1462

LTBB Summons and Complaint must be completed and attached.

Case No:

<p>Petitioner's Full Legal Name</p> <p>Tribal Citizenship Number _____</p> <p><input type="checkbox"/> husband <input type="checkbox"/> wife</p> <p>Address and phone no.</p>	<p>v</p>	<p>Respondent's Full Legal Name</p> <p>Tribal Citizenship Number _____</p> <p>Address and phone no.</p>
<p>Petitioner's name before marriage</p>		<p>Respondent's name before marriage</p>

- Petitioner's residence: at least 6 months within Tribal Jurisdiction immediately before filing of this petition.
Respondent's residence: at least 6 months within Tribal Jurisdiction immediately before filing of this petition.

2. Marriage: _____
Date Place of marriage

3. Drivers license number: _____
Petitioner Respondent

4. Social Security number: _____
Petitioner Respondent

5. The parties stopped living together as husband and wife on or about:

Date and Location

6. There has been a breakdown in the marital relationship to the point that the objects of matrimony has been destroyed and there remains no reasonable likelihood that the marriage can be preserved, or that the parties have lived separate and apart for one (1) year. Date of separation _____.

7. Complete names and birth dates of children under 18 of the parties born of this marriage or born prior to the marriage where the husband is asserted to be the father.
 None _____

7a. If there are minor children, or child support is requested, does any other court have prior continuing jurisdiction of the minor(s)? Yes No

If yes, specify the court _____
and file number _____

8. The wife is is not pregnant, and the estimated date of birth is _____.

9. There is is no property to be divided.

Attach proposed division of marital property and debt, and custody of children, if any.

10. I request temporary support orders for the payment of the following:

a. support for: child(ren) petitioner respondent

b. health care: expenses insurance premiums for child(ren) spouse

c. residence: utilities rent/mortgage/land contact taxes insurance

d. other: specify: _____

11. Motion(s) are attached that request temporary restraining order(s) concerning:

a. property

b. domestic assault: civil criminal

c. other: specify _____

12. I request a judgment of divorce, and:

a. property: award to each party the property in their possession divide

b. change wife's last name to _____.

c. legal custody to: petitioner respondent joint/both parties

third party _____

d. physical custody to: petitioner respondent joint/both parties

third party _____

e. visitation rights: reasonable specific

f. support money for: children petitioner respondent amount _____

g. other: specify _____

Date

Petitioner's Signature

Date

Petitioner's Attorney Signature

Bar no.

.....

Subscribed and sworn to me on _____ in _____ County, Michigan
Date

My commission expires: _____ Notary Seal
Date

Signature _____, _____ County Michigan

Little Traverse Bay Bands of Odawa Indians Tribal Court



Court Address: 7500 Odawa Circle, Harbor Springs, MI 49740

Phone: (231) 242-1462 fax: (231)242-1470

CASE NO: _____ (Court Office use only)

Plaintiff(s), address, telephone no.	v	Defendant(s), address, telephone no.
Plaintiff(s), Attorney's address, telephone no.		Defendant(s), Attorney's address, telephone no.

COMPLAINT

(Attach additional sheets of paper if necessary)

I, _____ have the complaint against _____

Based upon: (Give details)

I am requesting the following from the Court:

_____ Date

_____ Signature of Plaintiff

Dissolution of Marriage Questionnaire

Wife's name: _____

Plaintiff: _____, Defendant: _____ (Check one)

Other names known by: _____

Maiden name: _____

Last name wife wishes to be known as following divorce: _____

Date of birth: _____ Place of birth: _____

Address: _____

Is this address located on the LTBB reservation? Yes _____ No _____

Mailing address (if different): _____

How long at present address? _____

How long on the LTBB reservation (if different)? _____

Date of Marriage: _____ Place: _____

Number of this marriage (1st, 2nd, etc.) _____

Pregnant: Yes _____ No _____ If yes, due date _____

Date of separation (when last cohabited): _____ Where did separation take place? _____

Social Security number: _____

Drivers license no. & state: _____

Eye color: _____ Hair color: _____ Wgt: _____ Hgt: _____ Race: _____

Scars, tattoos, etc.: _____

Home telephone no.: _____ Work telephone no.: _____

Occupation: _____

Business/Employer's name and address: _____

Gross weekly income: _____

Has wife applied for or does she receive public assistance: Yes _____ No _____

If so please specify and indicate case numbers: _____

Husband's name: _____

Plaintiff: _____, Defendant: _____ (Check one)

Other names known by: _____

Date of birth: _____ Place of birth: _____

Address: _____

Is this address located on the LTBB reservation? Yes _____ No _____

Mailing address (if different): _____

How long at present address? _____

How long on the LTBB reservation? (if different) _____

Date of marriage: _____ Place: _____

Number of this marriage (1st, 2nd, etc.) _____

Date of separation (when last cohabited): _____

Where did separation take place? _____

Social Security no.: _____

Drivers license no. & state: _____

Eye color: _____ Hair color: _____ Wgt: _____ Hgt: _____ Race: _____

Scars, tattoos, etc.: _____

Home telephone no.: _____ Work telephone no.: _____

Occupation: _____

Business/Employer's name and address: _____

Gross weekly income: _____

Has husband applied for or does he receive public assistance: Yes _____ No _____

If so please specify and indicate case numbers: _____

Property to be divided

Minor children of this marriage

Name:(minor child)	Tribal Affiliation	D.O.B.	Age	Address	SS#

Other minor children of either party

Name:	Tribal Affiliation	D.O.B.	Age	Address	SS#

Health care coverage available for each minor child

Name of minor child	Policyholder	Insurance co.	Policy no.

Names and addresses of persons other than parties who may have custody of children during pendency of this case:

Places where children have lived within the last five years:

Names and addresses of custodians with whom the children have lived within the last five years:

Do you know of, and have you participated as a party, a witness or in any other capacity, in any other court decision, order, or proceeding, including divorce, separate maintenance, child neglect, dependency, or guardianship, concerning the custody or visitation of the children, in this state or any other state? Yes _____ No _____

If yes, explain and give case name, court's name and address:

Do you have information of any pending proceeding including divorce, separate maintenance, child neglect, dependency or guardianship, concerning the custody or visitation of the children, in this state or and other state? Yes _____ No _____

If yes, explain and give case name, court's name and address:

Is there any other divorce proceeding or custody proceeding between these parties pending in any other court or has any such action been previously filed and dismissed, transferred, or otherwise disposed: Yes _____ No _____ : If yes explain:

Little Traverse Bay Bands of Odawa Indians Tribal Court	VERIFIED STATEMENT	CASE NO.
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1. Wife's last name Maiden Name			First name		Middle name		2. Any other names by which mother is or has been known				
3. Date of Birth			4. Social Security Number				5. Driver license number and state				
6. Mailing address and residence address (if different)											
7. Eye color		8. Hair color		9. Height		10. Weight		11. Race		12. Scars, tattoos, etc.	
13. Home telephone no.			14. Work telephone no.			15. Maiden name			16. Occupation		
17. Business/Employer's name and address								18. Gross weekly income			
19. Has wife applied for or does she receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No								20. DHS case number			
21. Father's last name First name Middle name						22. Any other names by which father is or has been known					
23. Date of Birth			24. Social Security Number				25. Driver license number and state				
26. Mailing address and residence address (if different)											
27. Eye color		28. Hair color		29. Height		30. Weight		31. Race		32. Scars, tattoos, etc.	
33. Home telephone no.			34. Work telephone no.			35. Occupation					
36. Business/Employer's name and address								37. Gross weekly income			
38. Has husband applied for or does he receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No								39. DHS case number			
40. a. Name of Minor Child Involved in Case				b. Birth Date		c. Age		d. Soc. Sec. No.		e. Residential Address	
41. a. Name of Other Minor Child of Either Party				b. Birth Date		c. Age		d. Soc. Sec. No.		e. Residential Address	
42. Health care coverage available for each minor child											
a. Name of Minor Child			b. Name of Policy Holder				c. Name of Insurance Co./HMO			d. Policy/Certificate/Contract No.	
43. Names and addresses of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case											

If any of the public assistance information above changes before your judgment is entered, you are required to give the Court Clerk written notice of the change.
 I request support services under Title IV-D of the Social Security Act.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date
FOC 23 VERIFIED STATEMENT

Signature

Little Traverse Bay Bands of Odawa Indians Tribal Court	CHILD CUSTODY JURISDICTION AFFIDAVIT	CASE NO.
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Court Mailing Address 7500 Odawa Circle, Harbor Springs, MI 49740	Court telephone no. 231-242-1462
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CASE

1. The name and present address of each child (under 18) in this case are:

2. The addresses where the child(ren) has/have lived within the last 5 years are:

3. The names and present address(es) of custodians with whom the child(ren) has/have lived within the last 5 years are:

4. I do not know of, and have not participated (as a party, witness, or in any other capacity) in any other court decision, order, or proceeding (including divorce, separate maintenance, separation, neglect, abuse, dependency, guardianship, paternity, termination of parental rights, and protection from domestic violence) concerning the custody or parenting time of the child(ren), in this jurisdiction or any other jurisdiction, **except:** specify case name and number, court name and address, and date of child custody determination, if one

5. I do not have information of any pending proceeding that could affect the current child custody proceeding, including a proceeding for enforcement or a proceeding relating to domestic violence, a protective order, termination of parental rights, or adoption, in this jurisdiction or any other jurisdiction, **except:** specify case name and number, court name and address, and nature of the proceeding

That proceeding is continuing. has been stayed by the court.

Temporary action by this court is necessary to protect the child(ren) because the child(ren) has/have been subjected to or threatened with mistreatment or abuse or is/are otherwise neglected or dependent. Attach explanation

6. I do not know of any person who is not already a party to this proceeding who has physical custody of, or who claims rights of legal or physical custody of, or parenting time with, the child(ren), **except:** state name(s) and address(es) of each person

7. The child(ren)'s "home jurisdiction" is _____ . See back for definition of "home jurisdiction"

8. I state that a party's or child's health, safety, or liberty would be put at risk by the disclosure of this identifying information.

I have filled this form out completely, and I acknowledge a continuing duty to advise this court of any proceeding in this state or any other state that could affect the current child-custody proceeding.

Signature of affiant	Name of affiant (type or print)	Address of affiant
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Subscribed and sworn to before me on _____, _____ County, Michigan.
 Date

My commission expires: _____ Signature: _____
 Date

Notary public, State of Michigan, County of _____

"Home jurisdiction" means the jurisdiction in which the child(ren) lived with a parent or a person acting as a parent for at least 6 consecutive months immediately before the commencement of a child-custody proceeding. In the case of a child less than 6 months of age, the term means the jurisdiction in which the child lived from birth with a parent or person acting as a parent. A period of temporary absence of a parent or person acting as a parent is included as part of the period.



LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT
Mailing Address: 7500 Odawa Circle ~ Harbor Springs, MI 49740 ~ (231) 242-1462

SUMMONS

Civil Action, File Number _____

_____)	
(Plaintiff))	
)	
v)	Summons
)	
_____)	
(Defendant))	

To the above-named Defendant:

In the name of the people of the Little Traverse Bay Bands of Odawa Indians, you are hereby

summoned and required to serve upon _____,
Plaintiff

whose address is _____,

an answer to the complaint which is herewith served upon you, within **28 days after service** of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

Date Issued

Court Clerk

This summons expires on _____ (91 days) after the complaint is filed and is
Date
invalid unless served on or before the last date on which it is valid.

Little Travers Bay Bands of Odawa Indians

Tribal Court

7500 Odawa Circle

Harbor Springs, Michigan 49470

231-242-1462 – Fax 231-242-1470



CERTIFICATE OF SERVICE

I, _____ certified on this _____ a copy of this
Name Date

_____ was served by
Document Heading

First-Class Mail / Fax / Personal / Internal Mail / Electronic Mail upon

Plaintiff/Defendant

Date

Signature

