

<p>Little Traverse Bay Bands of Odawa Indians Tribal Court</p>	<p>Petition for Dissolution of Marriage</p>	
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Court 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 Tribal Citizenship Number <input type="checkbox"/> husband <input type="checkbox"/> wife Address and phone no.</p>	<p>V</p>	<p>Respondent's Full Legal Name Tribal Citizenship Number Address and phone no.</p>
<p>Petitioner's name before marriage</p>		<p>Respondent's name before marriage</p>

1. 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

CHILD CUSTODY JURISDICTION AFFIDAVIT

CASE NO.

Court Address

7500 Odawa Circle, Harbor Springs, MI 49740

Court telephone no.

231-242-1462

CASE NAME:

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

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____

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	VERIFIED STATEMENT	CASE NO.
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1. Wife's last name				First name		Middle name		Maiden 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

Signature

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:

PROOF OF SERVICE

SUMMONS AND COMPLAINT

Case No. _____

TO PROCESS SERVER: You are to serve the summons and complaint not later than 120 days from the date of filing or the date of expiration on the order for second summons. You must make and file your return with the court clerk. If you are unable to complete service you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE

OFFICER CERTIFICATE

OR

AFFIDAVIT OF PROCESS SERVER

I certify that I am a sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party [MCR 2.104(A)(2), and that: (notarization not required)

Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a corporate party, and that: (notarization required)

- I served personally a copy of the summons and complaint,
 - I served by registered or certified mail (copy of return receipt attached) a copy of the summons and complaint,
- together with _____

List all documents served with the Summons and Complaint

_____ on the respondent(s):

Respondent's name	Complete address(es) of service	Day, date, time

- I have personally attempted to serve the summons and complaint, together with any attachments on the following respondent(s) and have been unable to complete service.

Respondent's name	Complete address(es) of service	Day, date, time

Service fee	Miles traveled	Mileage fee	Total fee
\$		\$	\$

Signature _____

Title _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____ Deputy court clerk/Notary public

Notary public, State of Michigan, County of _____

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the summons and complaint, together with _____ Attachments

_____ on _____
Day, date, time

_____ on behalf of _____

Signature



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

SUMMONS

Civil Action, File Number _____

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

To the above-named Defendant:

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

Signature