

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

Ph: 231-242-1462

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 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. There are no children of the parties under the age of 18, unless emancipated, or no dependent children together.

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

9. There is property to be divided is no property to be divided.

Attached - proposed division of marital property and debt.

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

a. support for: respondent

b. health care: insurance premiums for spouse

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

d. other: specify: _____

Neither party is requesting alimony.

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. support money for: petitioner respondent

Date

Petitioner's Signature

Date

Respondent's Signature

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

My commission expires: _____
Date

Notary Seal

Signature _____, _____ County Michigan

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

My commission expires: _____
Date

Notary Seal

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.		Defendant(s), address, telephone no.
Plaintiff(s), Attorney's address, telephone no.	v	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			First name		Middle name		2. Any other names by which mother is or has been						
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 <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, <input type="checkbox"/> Yes <input type="checkbox"/> No								39. DHS case number					
40. a. Name of Minor Child Involved in			b. Birth Date		c. Age		d. Soc. Sec.		e. Residential Address				
41. a. Name of Other Minor Child of			b. Birth Date		c. Age		d. Soc. Sec.		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			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													

If any of the public assistance information above changes before your judgment is entered, you are required to give 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
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