

**SAINT REGIS MOHAWK TRIBAL COURTS  
IN AND FOR THE SAINT REGIS MOHAWK TRIBE**

In re parenting and support of:

**Children:**

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

**Petitioner:**

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

and

**Respondent:**

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

Case No. \_\_\_\_\_

**PETITION FOR CHILD CUSTODY,  
VISITATION SCHEDULE/PARENTING  
PLAN, AND/OR CHILD SUPPORT  
(NON-PARENT)**

**CONTESTED**

**UNCONTESTED** (if Respondent joins this  
Petition by signing an **Agreement to Join Petition** form  
and attaching it to this Petition)

*Use this petition to ask for a Visitation Schedule/Parenting Plan or Child Support Order if you are a **non-parent** and **only if** parentage has been established by (1) court order that determined an adjudicated Father or (2) Acknowledgement of Paternity filed with the Saint Regis Mohawk Tribal Court. If parentage has not been established, use the forms included in the Paternity and Acknowledgement packages.*

**1. CAUSE OF ACTION.**

This action is brought pursuant to Marriage, Divorce, and Custody Code of the Saint Regis Mohawk Tribe by (name): \_\_\_\_\_.

**2. PETITIONER'S INFORMATION.**

My name is \_\_\_\_\_

My relationship to the children in this case: \_\_\_\_\_

I live in: \_\_\_\_\_

*(If there is another Petitioner in this case, put the Other Petitioner's information below):*

Other Petitioner's name: \_\_\_\_\_

Other Petitioner's relationship to the children in this case: \_\_\_\_\_

Lives in \_\_\_\_\_

**3. CHILDREN.**

I ask the Court for custody of the following children:

	<b>Child's Name</b>	<b>Date of Birth</b>	<b>Current Residence</b>	<b>Enrollment (if applicable)</b>
1.			Resides with/Resides at:	Enrollment #:
2.			Resides with/Resides at:	Enrollment #:
3.			Resides with/Resides at:	Enrollment #:
4.			Resides with/Resides at:	Enrollment #:
5.			Resides with/Resides at:	Enrollment #:

**4. RESPONDENT'S INFORMATION.**

(List the children's parents and any other guardian or custodian other than the parents.)

**Respondent, (name):** \_\_\_\_\_, in this action is the children's:

- Mother
- Father, Acknowledged Father, or Adjudicated Father
- Other (describe): \_\_\_\_\_

**Other Respondent, (if any) (name):** \_\_\_\_\_, in this action is the children's:

- Mother
- Father, Acknowledged Father, or Adjudicated Father
- Other (describe): \_\_\_\_\_

**Other Respondent, (if any) (name):** \_\_\_\_\_, in this action is the children's:

- Mother
- Father, Acknowledged Father, or Adjudicated Father
- Other (describe): \_\_\_\_\_

**5. JURISDICTION OVER PARENTS.**

The Saint Regis Mohawk Tribal Court has personal jurisdiction (authority to make decisions) over the parents because (check all that apply):

**The Petitioner:**

- is an enrolled member of the Saint Regis Mohawk Tribe.
- resides within the territory of Akwesasne.

**The Respondent:**

- is an enrolled member of the Saint Regis Mohawk Tribe.
- resides within the territory of Akwesasne.

**The children involved in this case:**

- are enrolled members or are eligible for enrollment as members of of the Saint Regis Mohawk Tribe.

- are Indian children who reside or are domiciled on the territory of Akwesasne.
- have been placed in temporary care of the Saint Regis Mohawk Tribe or in a care facility licensed by the Tribe for placement of Indian children.
- have a parent who is an enrolled member of the Saint Regis Mohawk Tribe.
- The (*check all that apply*):  Petitioner  Respondent submits to jurisdiction of this court by consent as evidenced by joinder or any other means.
- This Court has exclusive continuing jurisdiction. The Court has previously made *Child Custody, Parenting Plan, or Visitation* determination in this matter and retains jurisdiction.

**6. WHY THE CHILDREN SHOULD NOT LIVE WITH A PARENT.**

I have valid reasons (adequate cause) to ask for custody of these children. The children should not live with either parent and (*check at least one box*):

- The children are not living with either parent. The children have been living with (*name/s*): \_\_\_\_\_ since (*date*): \_\_\_\_\_.
- Neither parent is a suitable custodian.

The parents are unfit, or even if they may be fit, the children will suffer actual detriment (harm) to their growth and development if they had lived with either parent. (*Give facts that support the statements above for each parent.*):

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**7. WHY THE CHILDREN SHOULD LIVE WITH PETITIONER(S).**

It is in the children’s best interest for the Court to give me custody and approve the other requests in this Petition because (*Explain why it is in the best interest of the children for you to be granted custody of the children. SRMT Marriage, Divorce, and Custody Code sets out the relevant factors the Court considers.*):

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**8. CHILDREN’S HOME(S).**

During the last five (5) years, the children have lived (*check the box that applies*):

- in no place other than the territory of Akwesasne and with no person other than the Petitioner(s) or Respondent(s)
- in the following places with the following persons (*list each place the child lived, including the territory of Akwesasne, the dates the child lived there, and the names of the person with whom the child lived*):

	<b>Child’s Name</b>	<b>Place</b>	<b>Dates</b>	<b>Name of Person</b>
1.				
2.				
3.				
4.				
5.				

**9. PLACEMENT.**

(*check the box that applies*)

I ask the Court to approve my proposed *Parenting Plan*. This schedule may include reasons for limiting one or both parents’ visitation. My proposed *Parenting Plan* is **attached**.

I ask the Court to give no visitation to either parent because the following reasons for limiting visitation apply and are severe enough to justify no visitation (*check at least one reason*):

**Willful Abandonment** – (*Parent’s name*): \_\_\_\_\_ willfully abandoned the children listed in Section 3 for an extended time or has substantially refused to perform his/her parenting functions of the children listed in Section 3.

**Child Abuse** – (*Parent’s name*): \_\_\_\_\_ (or someone living in that parent’s home) abused a child. The abuse was (*check all that apply*):

- physical
- sexual
- a pattern of emotional abuse.

**Domestic Violence or Assault** – (*Parent’s name*): \_\_\_\_\_ (or someone living in that parent’s home) has a history of acts of domestic violence or an assault or sexual assault which causes grievous bodily harm or the fear of such harm.

**10. CLAIMS TO CUSTODY OR VISITATION.**

(*Check the box that applies*):

I do not know of any person other than a named party who has physical custody of the children or claim to have custody or visitation rights of the children.

The following persons have physical custody of the children or claim to have custody or visitation rights to the children (*list each child’s name and the name of such person below*):

	<b>Child’s Name</b>	<b>Name of Person</b>
1.		
2.		
3.		

**11. INVOLVEMENT IN ANY OTHER PROCEEDING INVOLVING THE CHILDREN.**

*(check the box that applies):*

- I have **not** been involved in any other proceeding regarding the children.
- I have been involved in the following proceedings involving the children *(list the Court, the case number, and the date of the judgement or order):*

Child's Name	Court	Case #	Date

**12. OTHER LEGAL PROCEEDINGS CONCERNING THE CHILDREN.**

*(check the box that applies):*

- I do not know of any other legal proceedings regarding the children.
- I know of the following legal proceedings which concern the children *(list the child concerned, the Court, case number, and type of proceeding):*

Child's Name	Court	Case #	Proceeding Type

**13. CHILD SUPPORT, INSURANCE, AND TAXES.**

**Support.** I ask the Court to order the Respondent, \_\_\_\_\_, to

*(check all that apply)*

- Pay child support according to the Family Support Act.
- Provide and keep health insurance for the children.
- Pay the children's day care, uninsured medical, or other expenses.
- No request made for support of children.

**Tax Exemptions** – I ask the Court to order:

- Petitioners may claim the children as dependents on tax forms.
- Other *(please specify):* \_\_\_\_\_

**14. REIMBURSEMENT.**

*(check all that apply):*

- Does **not** apply. *(skip to Section 15)*
- (name):* \_\_\_\_\_ is entitled to reimbursement for:
  - Support or Assistance provided to the children.
  - Expenses incurred on behalf of the children.
- Child Support Arrears** *(if this box is checked, check only one of the boxes below.)*
  - An additional 20% of current order should be ordered to be applied toward the liquidation of any overdue support.
  - If there is not a current child support order, up to 10% of the NCP's gross income can be ordered to pay back arrears for custodial parent, Tribal Court, or State Dept.

**15. FEES AND COSTS.**

*(check one):*

- Does not apply. *(skip to Section 17)*
- I ask the Court to order the Respondent to pay lawyer fees, guardian ad litem fees, court costs, and other reasonable fees.

**16. OTHER REQUESTS**

*(check one):*

- Does **not** apply
- I ask the Court to order *(specify):* \_\_\_\_\_

**Petitioner fills out below:**

**DECLARATION**

I declare under penalty of perjury under the laws of the Saint Regis Mohawk Tribe that I am the Petitioner in this action, that I have made the allegations contained in this petition based upon my first-hand knowledge, and therefore, believe that they are true.

\_\_\_\_\_  
*Signature of Petitioner*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**I agree to accept legal papers for this case at** *(check one):*

- My lawyer's address, listed below.
- The following address *(this does not have to be your home address):*

\_\_\_\_\_  
*street address or PO box*

\_\_\_\_\_  
*city*

\_\_\_\_\_  
*state/province*

\_\_\_\_\_  
*zip/postal code*

\_\_\_\_\_  
*email address (optional):*

*If this address changes before the case ends, you must notify all parties and a Court Clerk in writing.*

**Other Petitioner (if any) fills out below:**

I declare under penalty of perjury under the laws of the Saint Regis Mohawk Tribe that I am the Petitioner in this action, that I have made the allegations contained in this petition based upon my first-hand knowledge, and therefore, believe that they are true.

\_\_\_\_\_  
*Signature of Other Petitioner*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**Petitioner's lawyer (if any) fills out below:**

\_\_\_\_\_  
*Signature of Lawyer*                      *Print Name*                      \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Lawyer's street address or PO box*                      *city*                      *state/province*                      *zip/postal code*

\_\_\_\_\_  
*Lawyer's email address (if applicable)*

**Notary**

Date: \_\_\_\_\_

Location: \_\_\_\_\_

I verify that the above named person signed this petition before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Commission Number: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_