

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

**Petitioner:**

\_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_

and

**Respondent:**

\_\_\_\_\_  
**Relationship to Child:** \_\_\_\_\_

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

**VERIFIED STATEMENT IN SUPPORT OF  
PETITION FOR CUSTODY OR VISITATION**

**CONFIDENTIAL PARTY INFORMATION**

**DO NOT FILE IN PUBLIC ACCESS FILE**

**I. JURISDICTION**

TO THE COURT: The Petitioner respectfully alleges upon information and belief that:

The Saint Regis Mohawk Tribal Court has jurisdiction over the parties and the child under Sec. 02.030 of the Family Court Code because (check all that apply):

**a. Petitioner**

- ☐ is enrolled or is eligible for enrollment as a member of the Saint Regis Mohawk Tribe (SRMT); or  
☐ resides or is domiciled within the territory of the SRMT

**b. Respondent**

- ☐ is enrolled or is eligible for enrollment as a member of the Saint Regis Mohawk Tribe (SRMT); or  
☐ resides or is domiciled within the territory of the SRMT

**c. Child(ren)**

- ☐ is/are enrolled or eligible for enrollment as members of the SRMT; or  
☐ reside(s) or is/are domiciled within the territory of the SRMT

**d. The Non-Indian** ☐ Petitioner ☐ Respondent has consented to the jurisdiction of the Tribe by any of the following:

- (i) express contractual consent;
- (ii) residing or domiciling within the Tribe's Reservation;
- (iii) being employed as a contract, temporary, or regular employee of the Tribe or a tribal business located on the Reservation;
- (iv) engaging in consensual relations or a domestic relationship with a tribal member on the Reservation;
- (v) or participating in any other substantial activity within the territorial jurisdiction of the SRMT that impacts the political integrity, the economic

security, or the health and welfare of the Tribe and its members of the Tribe, regardless of their domicile.

☐ This Court has exclusive continuing jurisdiction. The Court has previously made a custody, visitation, or parenting plan determination in this matter and retains jurisdiction

## II. PARTY INFORMATION

*\*SRMT FCC Sec. 2.320(B) states "...For good cause, the addresses of a party and any Child may be omitted from the copy of the statement that is served on the other party. If any of the information required to be included in the verified statement is omitted, the party seeking relief shall explain the omission in a sworn affidavit, to be filed with the Tribal Court."*

**Your Information** - You are (check one): ☐ Petitioner ☐ Respondent

Full name (first, middle, last):				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth (mm/dd/yyyy):			Race:	State of birth:	
Eye color:	Hair color:	Weight:	Height:	Identifying marks:	
Other names/aliases:					
Tribal status:			Enrollment #:		
*Mailing address ( <i>This address will be kept private.</i> ) (Street address or PO box, city, state, zip):					
*Home address: <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (Street, City, State, Zip):					
Email:			Phone #:		
Employer/Business name:			Phone #:		
Employer/Business address:					
Estimated weekly gross income (before deductions):			\$		
Relationship to children in this case (if applicable):					

**Other Party's Information** – This person is ☐ Petitioner ☐ Respondent

Full name ( <i>first, middle, last</i> ):				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth ( <i>mm/dd/yyyy</i> ):			Race:	State of birth:	
Eye color:	Hair color:	Weight:	Height:	Identifying marks:	
Other names/aliases:					
Tribal status:			Enrollment #:		
*Mailing address ( <i><b>This address will be kept private.</b></i> ) ( <i>Street address or PO box, city, state, zip</i> ):					
*Home address: <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below ( <i>Street, City, State, Zip</i> ):					
Email:			Phone #:		
Employer/Business name:			Phone #:		
Employer/Business address:					
Estimated weekly gross income (before deductions):			\$		
Relationship to children in this case (if applicable):					

**Other Party's Information** – ☐ Petitioner ☐ Respondent

Full name <i>(first, middle, last)</i> :				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth <i>(mm/dd/yyyy)</i> :			Race:	State of birth:	
Eye color:	Hair color:	Weight:	Height:	Identifying marks:	
Other names/aliases:					
Tribal status:			Enrollment #:		
*Mailing address <i>(This address will be kept private.) (Street address or PO box, city, state, zip)</i> :					
*Home address: <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below <i>(Street, City, State, Zip)</i> :					
Email:			Phone #:		
Employer/Business name:			Phone #:		
Employer/Business address:					
Estimated weekly gross income (before deductions):			\$		
Relationship to children in this case (if applicable):					

**Other Party's Information – ☐ Petitioner ☐ Respondent**

Full name <i>(first, middle, last)</i> :				Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Date of birth <i>(mm/dd/yyyy)</i> :			Race:	State of birth:	
Eye color:	Hair color:	Weight:	Height:	Identifying marks:	
Other names/aliases:					
Tribal status:			Enrollment #:		
*Mailing address <i>(This address will be kept private.) (Street address or PO box, city, state, zip)</i> :					
*Home address: <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below <i>(Street, City, State, Zip)</i> :					
Email:			Phone #:		
Employer/Business name:			Phone #:		
Employer/Business address:					
Estimated weekly gross income (before deductions):			\$		
Relationship to children in this case (if applicable):					

## II. CHILDREN'S INFORMATION

- a. Demographic information** - For each child involved in the action and any other children of the parties, give the child's name, age, date of birth, and current residence.

<u>Child's Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Current Residence</u>

- b. Public Assistance** – For each child, list whether public assistance has been applied for, the kind of public assistance received or applied for, the party receiving the assistance or other person or entity receiving it on behalf of the child, the assistance identification numbers

<b>Applied for support</b>	<b>Child's Name</b>	<b>Type of Assistance</b>	<b>Assistance Identification Number</b>	<b>Party receiving on behalf of child</b>
<input type="checkbox"/> yes <input type="checkbox"/> no				
<input type="checkbox"/> yes <input type="checkbox"/> no				
<input type="checkbox"/> yes <input type="checkbox"/> no				
<input type="checkbox"/> yes <input type="checkbox"/> no				

c. **Places child has lived in the past 5 years** – Including the names and present addresses of the persons with whom the child was living.

Child's Name	Dates (from/to) and place child has lived	Persons with whom child has lived	Current address of persons with whom child was living at the time

**1. Petitioner participation in other proceedings regarding this matter:**

☐ Petitioner **has not** participated in any other proceedings regarding the child.  
☐ Petitioner **has** participated as a ☐ party ☐ witness ☐ other capacity [specify]:  
\_\_\_\_\_ in other litigation concerning the custody or visitation of the  
children in: ☐ New York State ☐ Other State or Tribal Court [specify type of case, type of  
participation, court, location, date of determination, and status of case]:  
\_\_\_\_\_  
\_\_\_\_\_

**2. Other proceedings that may affect the current proceeding:**

Are you aware of any other proceedings pending in New York State or any other State or Tribal Court, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of parental rights, and adoptions?  
☐ yes ☐ no [If yes, identify the Court, case number, and the proceeding type]:  
\_\_\_\_\_  
\_\_\_\_\_

**3. Names and addresses of any person not a party claiming a right with respect to the child:**

Are you aware of any persons not a party to this petition having physical custody of the child, or claiming a right to physical or legal custody of, or visitation with, the child?  
☐ yes ☐ no [If yes, state the names and addresses of such persons, if known]:  
\_\_\_\_\_  
\_\_\_\_\_

**4. The name and address of any person who is not a party who will have custody of any child during the pendency of the action:**

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

**5. Health Care Coverage** – If any health care coverage is available to the child, state the name of the policy holder, the name of the insurance company or provider (HMO, HCO), and the policy, certificate, or contract number

Child Name	Policy Holder Name	Insurance Company or other Provider	Policy, Certificate, or Contract Number

#### DECLARATION

By signing below, I certify to the best of my knowledge, information, and belief that this statement is not being presented for an improper purpose such as to harass or cause unnecessary delay. I agree to provide the Saint Regis Mohawk Tribal Court with any changes to my address where case-related papers may be served. I understand that my failure to keep my address updated may result in the inability of the Court to send my documents to me.

\_\_\_\_\_  
Signature of Party

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

\_\_\_\_\_  
Date

**State of New York**  
**Territory of Akwesasne**

#### 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: \_\_\_\_\_