

Petition for Child Custody

Included in the packet:

- Petition for Child Custody
- Confidential Information Form
- Request to Waive Court Fees Form
- Parenting Plan Outline

There is a one-time filing fee of \$100.00. Make checks payable to: CCTHITA- Tribal Court

The fee may be reduced or waived by CCTHITA Tribal Court if the Petitioner can document financial hardship (please complete the *Request to Waive Court Fees* in this packet).

After Submitting your Petition:

Once the petition has been reviewed, the Clerk of the Court will issue a summons for the Petitioner and the Respondent. It is the responsibility of the Petitioner to ensure that the Respondent and all persons listed in the petition receive a copy of the petition filed and the summons issued by the Court. Please provide the CCTHITA Tribal Court with proof that the Petition and Summons have been provided to the respondent and all other family members listed. The court can assist with service if requested by Petitioner – see Clerk of the Court for fee schedule.

After Service has been made:

Once the proof of service is received by the CCTHITA Tribal Court, the Clerk will set a hearing date 20 days or more from the date of service. A notice of hearing will be sent by the CCTHITA Tribal Court to everyone identified in the Petition.

Before the Court Hearing:

If anyone listed in the Petition cannot attend the court hearing, they may be asked to provide a written response regarding their position of the guardianship of the child/ren or be provided with the opportunity to attend by telephone; which they will share with all case parties listed in the Petition.

Contact Information for Tribal Court:

Central Council Tlingit & Haida Indian Tribes of Alaska – Tribal Court
320 W. Willoughby Ave., Suite 300, Juneau, Alaska 99801
Telephone: 907-463-7165 Toll Free: 1-800-344-1432 x 7165
E-Mail: cclerk@ccthita-nsn.gov



IN THE CENTRAL COUNCIL TLINGIT AND HAIDA
INDIAN TRIBES OF ALASKA TRIBAL COURTS
JUNEAU, ALASKA

In the Matter Of:

PETITION FOR CHILD CUSTODY

_____,
Minor Child(ren)

_____,
Petitioner

vs.

Court Docket Number: _____

_____,
Respondent

CHILD CUSTODY PETITION

Child's Information:

Child's full name: _____

Date of birth: _____ Enrollment Number: _____

By checking this box, I certify that the above child is either:

1. An enrolled member of the Central Council Tlingit and Haida Indian Tribes of Alaska; or
2. Is eligible to be an enrolled member of the Central Council Tlingit and Haida Indian Tribes of Alaska.

Child's full name: _____

Date of birth: _____ Enrollment Number: _____

By checking this box, I certify that the above child is either

1. An enrolled member of the Central Council Tlingit and Haida Indian Tribes of Alaska; or
2. Is eligible to be an enrolled member of the Central Council Tlingit and Haida Indian Tribes of Alaska.

Use an additional page if there are more than two children in the case

Petition for Custody 08/15/19

TLINGIT & HAIDA TRIBAL COURT
320 West Willoughby Ave. Suite 300
Juneau, Alaska 99801
Phone: Toll- Free 1-(800) 344-1432
(907) 586-1432

1
2 Where do the child/ren live now? _____

3 With whom do they live: _____

4 Address: _____

5 How long have they lived there: _____

6 Where did the children live before: _____

7 How long did they live there: _____

8 Where and with whom do you think the children should live: _____

9 _____
10 _____

11 **Family Information:**

12 **Mother's** full name: _____

13 Address: _____

14 Phone: _____

15 Email: _____

16 Tribal Member: Yes No Tribe: _____

17 **Father's** full name: _____

18 Address: _____

19 Phone: _____

20 Email: _____

21 Tribal Member: Yes No Tribe: _____

22 Is there someone other than the Mother or Father with whom the child/ren live?

23 No Yes (if yes, please provide name(s) and relationship).

24 Name: _____ Relationship: _____

25 Name: _____ Relationship: _____

26 Name: _____ Relationship: _____

27 Name: _____ Relationship: _____

1 Name: _____ Relationship: _____

2 Name: _____ Relationship: _____

3
4 Names of other extended family with significant ties to the child:

5 Name: _____ Relationship: _____

6 Name: _____ Relationship: _____

7 Name: _____ Relationship: _____

8
9 **Legal Information:**

10 Please provide all information regarding any type of custody, visitation, guardianship,
11 restraining orders, or protection orders pending or already in place for the child, from the
12 State of Alaska or any other place:

13 _____
14 _____
15 _____

16 **Domestic Violence:**

17 Is domestic violence a concern in this case?

18 No Yes (If yes, please explain):

19 _____
20 _____
21 _____

22 **Custody Plan:**

23 Has the child's family already agreed on a child-custody plan?

24 No Yes (If yes, please explain):

25 _____
26 _____
27 _____

1 **Expedited Hearing:**

2 Do you need to set a hearing on an expedited basis?

3 No Yes (if yes, please explain circumstances that require this):

4 _____
5 _____
6 _____
7 _____

8 **Filing Fee:**

9 This petition requires a \$100 filing fee.

10 Do you request that this court waive the filing fee?

11 No Yes

12 If yes, please complete the **Waiver of Filing Fee** included in this packet.

13
14 Petitioner respectfully requests the Court enter a decree of custody for the above named minor
15 child(ren).

16 _____
17 Signature of Petitioner

_____ Date

18 **SIGNED AND SWORN TO** before me on this _____ day of _____, _____ in

19 _____, _____ by _____.

23 (Seal)

22 _____
23 Notary Public for the State of _____

24 Clerk of the Court, or other person authorized to
25 Administer oaths.

26 My commission expires: _____

Confidential Information Form

Notice to Petitioner: You must supply the respondent's name and birth date, if known. Give as much information as possible. The information will **not** be given to the respondent.

A. Petition Information

Full Name: _____
Date of Birth: _____
Residence: _____
Mailing Address: _____
Home Number: _____ Cell Number: _____ Message: _____
Tribal Affiliation: _____

Employer: _____
Address: _____
Telephone: _____
Salary/Wages (if known): _____

B. Respondent Information

Full Name: _____ Sex: _____
Date of Birth: _____ Hair Color: _____ Eye Color: _____
Residence: _____
Mailing Address: _____
Home Number: _____ Cell Number: _____ Message: _____
Tribal Affiliation: _____

Employer: _____
Address: _____
Telephone: _____
Salary/Wages (if known): _____

C. Other Family Members listed in Petition:

Full Name: _____
Date of Birth: _____
Residence: _____
Mailing Address: _____
Home Number: _____ Cell Number: _____ Message: _____
Tribal Affiliation: _____

Full Name: _____
Date of Birth: _____
Residence: _____
Mailing Address: _____
Home Number: _____ Cell Number: _____ Message: _____
Tribal Affiliation: _____

Full Name: _____
Date of Birth: _____
Residence: _____
Mailing Address: _____
Home Number: _____ Cell Number: _____ Message: _____
Tribal Affiliation: _____

Full Name: _____
Date of Birth: _____
Residence: _____
Mailing Address: _____
Home Number: _____ Cell Number: _____ Message: _____
Tribal Affiliation: _____

Full Name: _____
Date of Birth: _____
Residence: _____
Mailing Address: _____
Home Number: _____ Cell Number: _____ Message: _____
Tribal Affiliation: _____

Full Name: _____
Date of Birth: _____
Residence: _____
Mailing Address: _____
Home Number: _____ Cell Number: _____ Message: _____
Tribal Affiliation: _____

Full Name: _____
Date of Birth: _____
Residence: _____
Mailing Address: _____
Home Number: _____ Cell Number: _____ Message: _____
Tribal Affiliation: _____



IN THE TLINGIT & HAIDA TRIBAL COURT
JUNEAU, ALASKA

_____))
Petitioner,))
_____))
Respondent,))
_____)

Docket #: _____

PARENTING PLAN
FOR CUSTODY AND VISITATION IN SUPPORT OF

- COMPLAINT** **TRIAL/SETTLEMENT BRIEF**
 ANSWER **OTHER** _____
 MOTION **OPPOSITION FOR** _____

I, _____, propose the following custody and visitation
(Print your name here)
plan because it is in our child(ren)'s best interest/s.

1. Who is included

The following child(ren) is/are included in this plan (The child(ren) listed here must have the same schedule; make a different plan for any child(ren) with a different schedule.)

Name	Date of Birth

Additional plans are attached for other child(ren) _____.

2. Legal Custody: decision making (choose one)

Joint legal custody: We can communicate and make joint decisions regarding our child(ren)'s major medical, educational, legal and religious needs.

Parenting Plan

CCTHITA Tribal Court
320 W. Willoughby Ave. Suite 300
Juneau, AK 99801
1-800-344-1432/866-532-3558 Fax

Sole legal custody: Most of the time, we cannot communicate and make joint decisions regarding our child(ren), therefore sole legal custody should be with Father Mother.

3. Physical Custody: *where children live (choose one)*

Shared Physical Custody: We can communicate and coordinate with each other to provide for our child(ren)'s physical care on a day-to-day basis. The schedule below should be the shared physical custody schedule for our child(ren).

Primary Physical Custody: Our child(ren)'s needs can best be met by primary physical custody being with Father Mother and the child(ren) spending time with the other parent according to the schedule below.

Other Custody Arrangement as follows: _____

4. Are your children old enough to go to school?

Yes. (*Skip A. and go to B.*) **No.** (*Answer A. and B.*)

A. Schedule before child(ren) is(are) old enough to go to school

Before reaching school age, the child(ren) should reside with Father Mother, except for the following days and times when the child(ren) should reside with or be with the other parent:

i. from: _____ to _____
(*Day and time*) (Day and Time)

other: _____

Frequency:

every week every other week every two weeks _____

ii. and from: _____ to _____
(*Day and time*) (Day and

Time)
 other: _____

Frequency:

Parenting Plan

CCTHITA Tribal Court
320 W. Willoughby Ave. Suite 300
Juneau, AK 99801
1-800-344-1432/866-532-3558 Fax

every week every other week every two weeks _____

B. Schedule after child(ren) is (are) old enough to go to school

After reaching school age, the child(ren) should reside with Father

Mother, except for the following days and times when the child(ren) should reside with or be with the other parent:

i. from: _____ to _____
(Day and time) (Day and Time)

other: _____

Frequency:

every week every other week every two weeks _____

ii. and from: _____ to _____
(Day and time) (Day and Time)

other: _____

Frequency:

every week every other week every two weeks _____

5. Place for transfer between parents

The transfer of the child(ren) between parents should take place at the following location(s): _____

6. Transportation for transfer between parents

Dad Mom Both Other _____
(Name of person who will be helping)

should be responsible for transporting the child(ren).

Comments: _____

7. Third party assistance with transfer between parents

I do not propose assistance with the transfer.

I propose the following third party(ies) to conduct or supervise the transfer:

<i>Name</i>	<i>Phone</i>	<i>Conduct</i>	<i>Supervise</i>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

8. Safety Concerns

I am I am not concerned about my safety or the safety of the child(ren) when with the other parent. If there are concerns, I propose the following restrictions:

9. Out-of-state travel

(Choose A or B)

A. Father and/or Mother may not travel out-of-state with our child(ren) during his or her custody or visitation time.

B. Father and/or Mother may travel out-of-state with our child(ren) during his or her custody or visitation time without restrictions with the following restrictions:

10. Vacation, holiday, birthday and special occasion schedule

There should be no change in the **regular schedule (see pages 2-3) during** vacations and holidays unless specifically indicated below. *(Specify whether time will be shared, or with a particular parent in odd, even or every year.)*

With Dad

With Mom

Date/time begin and end

Winter vacation	_____	_____	_____
Spring vacation	_____	_____	_____
Summer vacation	_____	_____	_____
Christmas Eve	_____	_____	_____
Christmas Day	_____	_____	_____
Father's birthday	_____	_____	_____
Mother's birthday	_____	_____	_____
Child(ren)'s birthday(s)	_____	_____	_____
Father's Day	_____	_____	_____
Mother's Day	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Other: _____

_____ more pages are attached and incorporated by reference.
of pages attached

Date

Your Signature (In blue ink if possible)

I certify that on _____, a copy of this document was mailed or personally served to the following parties: [] Respondent _____; [] Petitioner _____; [] Other: _____.

 Clerk of the Court
 R=Regular mail; C=Certified, return receipt; P=Personal; I=Interoffice mail; E=Electronic