

# Petitioner's Packet



## Adult Guardianship

### Contents:

- 1) Address Authorization for Service
- 2) Petition for stǎalik<sup>w</sup> (Guardianship)
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**IN THE COURTS OF THE PUYALLUP TRIBE OF INDIANS  
FOR THE PUYALLUP INDIAN RESERVATION  
TACOMA, WASHINGTON**

In re:

\_\_\_\_\_ *Full Name(s) of minor child(ren) or vulnerable Tribal adult*

\_\_\_\_\_ *DOB(s) of minor child(ren) or vulnerable Tribal adult*

=====

\_\_\_\_\_,  
\_\_\_\_\_,  
Plaintiff(s)/Petitioner(s),

v.

\_\_\_\_\_,  
\_\_\_\_\_,  
Defendant(s)/Respondent(s).

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

**ADDRESS AUTHORIZATION FOR  
SERVICE BY:**

**FIRST CLASS MAIL**

**EMAIL**

**OTHER:** \_\_\_\_\_

**YOU MUST COMPLETE THIS FORM IF YOU ARE A PARTY TO THIS CASE**

My name is \_\_\_\_\_, and I am a party to this case.

I authorize to accept service by all parties and the court of all future pleadings, papers, and court orders for this case to the following address:

**FIRST CLASS MAIL:**

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

**EMAIL:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**(Optional)** I also authorize to accept legal papers at the following:

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

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

Address Authorization for Service

Page 1 of 2

**I understand that it is my responsibility to inform this Court and the other party if my address changes while this case remains open. I must also provide the other party with a copy of a Notice of Address Change and file this with this Court.**

\_\_\_\_\_  
*Party Signature*

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

/s/  
\_\_\_\_\_  
*Print Name – Party Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

\_\_\_\_\_  
*Co-Party Signature (if any)*

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

/s/  
\_\_\_\_\_  
*Print Name – Party Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

**IN THE COURT FOR THE PUYALLUP TRIBE OF INDIANS  
FOR THE PUYALLUP INDIAN RESERVATION  
TACOMA, WASHINGTON**

In re the matter of:

\_\_\_\_\_,  
Name of Vulnerable Adult

DOB: \_\_\_\_\_  
Vulnerable Tribal Adult.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Petitioner.

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

**PETITION FOR stiḵalik<sup>w</sup>  
(GUARDIANSHIP)**

- Limited (Specific reason)
- Full (Person AND Property)
- Full  Person OR  Property
- Temporary stiḵalik<sup>w</sup> (guardianship) order requested*

**PLEASE PRINT CLEARLY USING BLUE OR BLACK INK**

Comes now, \_\_\_\_\_, the above-named Petitioner, on behalf of the above-cited Vulnerable Tribal Adult, who is unable to manage all or some of his or her own affairs.

Petitioner also requests an order granting temporary stiḵalik<sup>w</sup> (guardianship) over the Vulnerable Tribal Adult pending the outcome of this petition. Petitioner understands such order may be issued only after a hearing.

1. Name of Vulnerable Tribal Adult: \_\_\_\_\_
2. Birth date: \_\_\_\_\_
3. Puyallup Tribal Enrollment number: \_\_\_\_\_
4. Address of Vulnerable Tribal Adult's home: \_\_\_\_\_

\_\_\_\_\_  
Address where Vulnerable Tribal Adult resides (if no longer at home): \_\_\_\_\_

5. List the Vulnerable Adults Government-Issued Identification to be presented to the Court:

- Tribal Identification     State Identification     Driver's License
- Passport     Other: \_\_\_\_\_

6. Petitioner's name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Tribal affiliation and Tribal Enrollment number: \_\_\_\_\_

Relationship to Vulnerable Tribal Adult: \_\_\_\_\_

Proof of Identification – must be a picture identification issued by a government agency:

- Tribal Identification     State Identification     Driver's License  
 Passport     Other: \_\_\_\_\_

7. Description of physical problems, mental problems, or limitation that make Vulnerable Tribal Adult unable to manage his or her own affairs (attach additional sheet, if necessary):

Physical Problems: \_\_\_\_\_

\_\_\_\_\_

Mental Problems: \_\_\_\_\_

\_\_\_\_\_

Medical Problems: \_\_\_\_\_

\_\_\_\_\_

Other Limitations: \_\_\_\_\_

\_\_\_\_\_

8. Puyallup Tribal law requires a doctor's report or letter stating the Vulnerable Tribal Adult is not presently able to handle his or her financial and personal affairs and the anticipated duration of the incapacity. The required report or letter is attached.

The required report or letter is not attached. Petitioner understands that his/her petition will be delayed until the report or letter is provided to the Court.

9. Has the Vulnerable Tribal Adult granted a power of attorney?  Yes  No

If "yes", who is the attorney-in-fact? \_\_\_\_\_

10. Does the Vulnerable Tribal Adult have the appointment of a representative payee through the Puyallup Tribe?  Yes  No

If "yes", who is the representative payee? \_\_\_\_\_

11. Has a limited or full stiḵalik<sup>w</sup> (guardianship) been appointed for the Vulnerable Tribal Adult in any other Tribal or state court?  Yes  No

12. Is there any information regarding any prior judicial finding of incapacity?  Yes  No

If "yes", where is the information available? \_\_\_\_\_

13. If a stiḵalik<sup>w</sup> (guardianship) over the Vulnerable Tribal Adult's person is proposed, describe the powers the dx<sup>w</sup>tiḵalik<sup>w</sup> (guardian) seeks to exercise (attach additional sheet, if necessary):

Care (Food, Clothing, Daily Health Needs, Shelter):  Yes  No

Custody (where the Vulnerable Tribal Adult lives):  Yes  No

Control (decisions on behalf of the Vulnerable Tribal Adult  Yes  No

Medical, Mental Health and Dental Authorizations:  Yes  No

Pursue legal action on behalf of the Vulnerable Tribal Adult:  Yes  No

Other decisions: (describe) \_\_\_\_\_

If "yes" to any of the above but only as to certain issues (such housing, medical, etc.) describe: \_\_\_\_\_

14. If a stiḵalik<sup>w</sup> (guardianship) is requested, generally describe all real property (land or buildings) owned in whole or in part by the Vulnerable Tribal Adult, and whether it is in trust or non-trust (attach additional sheet, if necessary): \_\_\_\_\_

15. If the petition is for or includes a stiḵalik<sup>w</sup> (guardianship) over any or all of the financial affairs and/or personal property of the Vulnerable Tribal Adult, describe all income, other financial resources, and personal property of the Vulnerable Tribal Adult (attach additional sheet, if necessary).

The Vulnerable Tribal Adult receives the following Puyallup Tribal Benefits:

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

The Vulnerable Tribal Adult receives other government benefits:

SSDI/SSA     Medicaid     SSI     Medicare  
 VA Pension     TANF     L&I Benefits     HUD  
 Food Stamps     Other (describe): \_\_\_\_\_

The Vulnerable Tribal Adult has the following financial accounts:

Checking     Savings     Retirement     Credit Card  
 Loans     Individual Indian Money (IIM)     Other (describe): \_\_\_\_\_

The Vulnerable Tribal Adult has the following personal property: \_\_\_\_\_

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

16. Names, addresses, and relationships of those significantly involved in the care of the Vulnerable Tribal Adult over the past three (3) years and whether they are still in contact with the Vulnerable Tribal Adult (attached additional sheets if necessary):

Name	Relationship	Last Known Address	Last Known Phone Number	Still in contact?
				<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
				<input type="checkbox"/> Yes <input type="checkbox"/> No

17. The requested length of time for which Petitioner is requesting the stiḵalik<sup>w</sup> (guardianship):

- Less than 6 months     
  Up to one (1) year     
  More than one (1) year  
 Other: \_\_\_\_\_

18. In your own words, why should you be appointed the dx<sup>w</sup>tiḵalik<sup>w</sup> (guardian)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Submitted by:

\_\_\_\_\_

Petitioner's Printed Name

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**(Signature is on the next page)**

**\*\* DO NOT SIGN UNTIL DIRECTED TO DO SO BY THE NOTARY PUBLIC \*\***

*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.*

\_\_\_\_\_  
*Party Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

/s/ \_\_\_\_\_  
*Print Name – Party Electronic Signature*

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

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_.

*Date*

*Affiant*

Notary \_\_\_\_\_  
*Signature*

Notary Public in and for the  
State of: \_\_\_\_\_

County of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

*Affix stamp or seal*

\_\_\_\_\_  
*Co-Party Signature (if any)*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

/s/ \_\_\_\_\_  
*Print Name – Party Electronic Signature*

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

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_.

*Date*

*Affiant*

Notary \_\_\_\_\_  
*Signature*

Notary Public in and for the  
State of: \_\_\_\_\_

County of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

*Affix stamp or seal*



**IN THE COURT OF THE PUYALLUP TRIBE OF INDIANS  
FOR THE PUYALLUP INDIAN RESERVATION  
TACOMA, WASHINGTON**

In re:

\_\_\_\_\_  
*Name(s) of Minor Child(ren) or Vulnerable Tribal Adult*

\_\_\_\_\_  
*DOB(s)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff(s)/Petitioner(s),

v.

\_\_\_\_\_  
\_\_\_\_\_  
Defendant(s)/Respondent(s).

Case No. PUY-\_\_\_\_\_

**REQUEST FOR COURT CLERK TO  
EFFECT SERVICE OF PROCESS BY  
CERTIFIED MAIL**

**NOTICE TO PLAINTIFF(S)/PETITIONER(S)**

1. Plaintiff(s)/Petitioner(s) may use this form when: (1) you are filing a new or amended civil complaint/petition with this Court and (2) you want the Court Clerk to effect service of process on the other party(ies) by certified mail/return receipt.
2. Note: The Court Clerk cannot complete service of process by personal service on your behalf; personal service on the other party(ies) is your responsibility to arrange to be accomplished in accordance with Puyallup Tribal Civil Procedures Code § 4.08.100(a).
3. For the Court Clerk to fulfill your request, you must provide the name and mailing address of the other party(ies) where the certified mail will be directed. If you do not or cannot provide a mailing address for the other party(ies) at the time of filing, then the Court Clerk must reject your request.
4. COVID-19 Delays Service: In light of the COVID-19 pandemic, the Court has found that service of process by certified mail/return receipt may take sixty days or more to be accomplished. As a result, the Court must schedule hearings at least sixty days out to fulfill your request.

**COMES NOW**, Plaintiff(s)/Petitioner(s) and requests the Clerk of the Court to effect service of process on Defendant(s)/Respondent(s) by certified mail, return receipt requested, in accordance with Puyallup Tribal Civil Procedures Code § 4.08.100(b).

The Defendant(s)/Respondent(s) last known mailing address(es) is(are):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF THE CERTIFIED MAIL IS RETURNED AS “UNDELIVERABLE,” “UNCLAIMED,”  
OR FOR OTHER REASONS, THE COURT CLERK WILL NOT ATTEMPT  
REDELIVERY (EXCEPT DUE TO TYPOGRAPHICAL ERROR) UNLESS A NEW  
REQUEST FORM IS FILED WITH AN UPDATED MAILING ADDRESS.**

*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.*

\_\_\_\_\_  
*Party Signature*

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

/s/  
\_\_\_\_\_  
*Print Name – Party Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

\_\_\_\_\_  
*Co-Party Signature (if any)*

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

/s/  
\_\_\_\_\_  
*Print Name – Party Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*