CHITIMACHA TRIBAL COURTS

IN RE:	*	
IIV KE.	*	PETITION FOR DISBURSEMENT
	*	OF FUNDS
	*	(Minor or Incompetent)
	*	(1) of 1
	*	CASE NUMBER:
* * * * * * * * * * * * * * * * * * * *	* * *	
NOW BEFORE the Court com	les	
in the above captioned matter, and alle		
1. That he/she (is) (is not) an enrol	led member	r of the Chitimacha Tribe of Louisiana and is
presently residing at		
2. That		is an enrolled member of the
(Minor/Incompe	etent)	is, whose social security
		, and is currently residing at
		, with his/her current mailing
address being,		_,

3. Petitioner declares that he/she is married/separated/divorced/single/widowed and/or has sole custody/joint custody of the Minor/Incompetent. If the opposite parent is not residing in your household, please enter the name of the Father/Mother ______ of the Minor/Incompetent and their physical address ______, mailing address ______, and telephone number _____.

______ is not capable of caring for either his/her person and/or property and was legally declared incompetent by the ______

on ______.at which time petitioner was appointed as their (Date of Order) legal guardian. (Attach Certified copy of Order)

6. Further, that pursuant to the Chitimacha Comprehensive Codes of Justice, Title VI, Chapter 4, Section 413, jurisdiction over these matters is vested in the Chitimacha Tribal Court. Therefore, he/she seeks disbursement of \$______ of the funds held in trust for ______ which currently total \$______, for the following reason(s):

(Attach separate sheet to continue basis for request along with all supporting documentation for request)

6. Further, that \$ ______ of the funds have been previously disbursed pursuant to the Order of this Court as rendered on ______.

7. Petitioner request that this matter be scheduled for hearing.

PETITIONER: ______ADDRESS: ______

PLEASE SH	ERVE:		
NAME:		 	
ADDRESS:		 	
PHONE:		 	
EMAIL:		 	

VERIFICATION

MOVER/PETITIONER

SWORN TO AND SUBSCRIBED before me this _____ day of _____,

20____.

NOTARY, OR;

TRIBAL COURT CLERK