

GUARDIANSHIP OF INCAPACITATED ADULT PACKET



IN THE DISTRICT COURT OF WYANDOTTE NATION

**Wyandotte Nation Courts
64700 E Hwy 60
Wyandotte, Ok 74370**

**Court Clerk Phone: 918-678-6342
Court Administrator Phone: 918-678-6394
Fax: 918-676-7002**

The forms in this packet are to be used as a template, if you are seeking a Guardianship of an Incapacitated Adult. Please read the instructions carefully before completing the forms. The Court Clerk CANNOT accept a Petition that is not filled out completely.

Should you need assistance in preparing the Petition, you must consult with an Attorney at your own expense. This court does not have Legal Aid. The Court Clerk is prohibited by Ethical Code and Court Rules to provide legal advice and help parties prepare or type court documents. Different situations may require special procedures and the Court Clerk CANNOT advise you on how to proceed or what forms may be necessary in specific situations.

Packet contains:

1. Instructions
2. Flow Chart
3. Petition
4. Entry Of Appearance & Waiver



IN THE DISTRICT COURT OF WYANDOTTE NATION

INSTRUCTIONS

PETITION FOR GUARDIANSHIP OF INCAPACITATED ADULT

IMPORTANT INFORMATION-PLEASE READ!

1. Petition for Guardianship of Incapacitated Adult must be filled out completely to the best of your knowledge and ability.
2. Petition for Guardianship of Incapacitated Adult must be signed in front of the Court Clerk or a Notary Public when you are ready to file.
3. Filing fees, copy fees, etc., must be made in the form of **CASH, CASHIER'S CHECK, MONEY ORDER, DEBIT/CREDIT CARD OR E-CHECK** (there is a processing fee when using a debit/credit card or e-check) and must be payable to "Wyandotte Nation Courts". Filing fees **MUST** be paid at the time of filing your Petition. If you are unsure of the amount of filing fees, contact the Court Clerk.
4. Submit original Petition for Guardianship of Incapacitated Adult and a copy for each of the interested parties, who has NOT signed an Entry of Appearance and Waiver and a copy for you, if you want a copy of the Petition for Guardianship of Incapacitated Adult for your records. If the Court Clerk makes any copies, you will be charged \$1.00 for the first page and \$.50 for each additional page.

FILING FEES-GUARDIANSHIP OF INCAPACITATED ADULT FEE

Petition for Guardianship of Incapacitated Adult	\$75.00
Service (Certified Mail)	\$ Per USPS
Service (Tribal PD)	\$30.00
Service (Process Server)	\$60.00

NOTE-THERE IS NO SERVICE FEE ON THE INTERESTED PARTY (IES) THAT AGREE TO SIGN AN ENTRY OF APPEARANCE AND WAIVER

OFFICE HOURS: 8:00AM-12:00PM and 1:00PM-4:30PM, MONDAY-FRIDAY

Mailing Address: Wyandotte Nation Courts
64700 E Hwy 60
Wyandotte, Ok 74370

Physical Address: 64700 E Hwy 60
Wyandotte, Ok 74370

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GUARDIANSHIP FLOW CHART: Guardianship Process

"PETITION FOR GUARDIANSHIP" - The petitioner prepares and files the petition with the Court Clerk. This is the document filed by the petitioner to start the guardianship action.

If Entry of Appearance & Waiver(s) is NOT filed with the Petition for Guardianship.



"SUMMONS" - The Court Clerk will prepare *summons* to all interested parties advising him/her that they have 30 days to answer to the petition.

"SERVICE OF PROCESS" - Serve all interested parties with a copy of petition and summons sent by certified mail, served by Tribal PD or Process Server.

"ANSWER" - Respondent must respond to the petition within 30 days. The *answer* states whether or not the respondent agrees with the petition. If the respondent doesn't file an answer, the Court assumes that the respondent agrees to the terms in the petition.

"NOTICE OF HEARING" - The petitioner and all interested parties will receive a *notice of hearing* advising the parties of the scheduled guardianship hearing date and time.

"GUARDIANSHIP HEARING" - The Judge will review the case file and ask a few basic factual questions to the petitioner and interested parties. The Judge will rule on matters of the case and will act in the best interest of the incompetent adult in determining guardianship.

"GUARDIANSHIP ORDER" - The petitioner will receive a certified guardianship order in the mail 2 weeks after the hearing. The guardianship order is an official document of the decision of the Judge.

"ANNUAL GUARDIANSHIP REVIEW" - Annually you will receive notice of hearing advising the parties of the scheduled review hearing date and time to review the guardianship case.

If Entry of Appearance & Waiver(s) (for ALL interested parties) is filed with the Petition for Guardianship



"NOTICE OF HEARING" - The Court Clerk will fill out and give you a hearing date for the next available hearing.





WYANDOTTE NATION DISTRICT COURT

IN THE MATTER OF THE
GUARDIANSHIP OF:

_____,
DOB: _____;
INCAPACITATED ADULT

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)
)
)
)
)
)

CASE NO: _____

PETITION FOR GUARDIANSHIP OF INCAPACITATED ADULT

COMES NOW, _____, Petitioner herein *pro se*, and for this cause of action the Petitioner alleges and states the following:

1. That _____, incapacitated adult herein, is/is not an enrolled member of the Wyandotte Nation.
2. That the incapacitated adult is _____ years old and was born on _____, _____.
3. That the incapacitated adult resides at _____
_____ (address, city, state, & zip)
and has lived at this address for _____ (months/years).
4. That the Petitioner is:
_____ an enrolled member of the Wyandotte Nation
_____ is an enrolled member of the _____ Tribe.
_____ is non-Indian.
5. That the Petitioner resides at _____
_____ (address, city, state, & zip)
And has lived at this address for _____ (months/years).
6. That according to the Petitioner's knowledge, the incapacitated adult, does not have a Court appointed guardian and a guardian needs to be appointed for the reason that: _____

- _____
- _____
7. That the incapacitated adult needs a guardian appointed to provide for her/his care and maintenance and to oversee her/his affairs, both medically and financially.
8. That the Petitioner is the _____ (relationship) of the incapacitated adult.
9. That the closest blood relatives names, addresses and relationships to the incapacitated adult, so far as known to the Petitioner are: (list each of the closest blood relative's names, addresses & relationship) _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
10. That the Petitioner is capable and willing to assume the responsibility of being the Guardian of the incapacitated adult.
11. That the Petitioner is a fit and proper person to be appointed Guardian to oversee the care and maintenance of the incapacitated adult.

WHEREFORE, the Petitioner prays that the Court will issue an Order appointing the Petitioner guardian of said incapacitated adult and that a hearing be set on this matter as soon as the Court deems necessary.

Petitioner (Sign)
Petitioners Address: _____
Petitioner City, State, Zip: _____
Telephone Number: _____

Petitioner email (if available)

VERIFICATION

I, _____, being first duly sworn to tell the truth and being of lawful age above 18 years of age, hereby state that I have prepared and read the foregoing Petition and verify that all of the factual allegations contained in this Petition are in fact true and correct to the best of my knowledge and belief, **UNDER PENALTY OF PERJURY.**

Name, Petitioner

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____ 20 ____.

Court Clerk/Deputy or Notary Public

SEAL

Commission Expires: _____



WYANDOTTE NATION DISTRICT COURT

IN THE MATTER OF THE
GUARDIANSHIP OF:

_____,
DOB: _____,
INCAPACITATED ADULT

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)
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)
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)

CASE NO: _____

ENTRY OF APPEARANCE AND WAIVER

I, the undersigned relative of _____, being one of the persons having a right to the appointment of guardianship over the person of _____, do hereby waive my rights to said appointment in favor of _____, the Petitioner herein, and I respectfully pray that the Court will appoint Petitioner, as guardian over the above-listed person and estate. Should I object to said appointment of the Petitioner, I am aware that I had the right to file an Answer to said Petition and appear in Court to make my objections known and that I waive that right.

Dated this ____ day of _____, 20 ____.

Signature

Please print your name & address:

Telephone: _____

SHOULD YOU AGREE TO SIGN THIS WAIVER, PLEASE SIGN IN FRONT OF A NOTARY PUBLIC OR COURT CLERK AND RETURN TO THIS OFFICE EITHER BY MAIL OR IN PERSON.

State of Oklahoma;)
County of _____)

Before me, the undersigned Notary Public, came _____ this ____ day of _____ 20 ____, to me known to be the identical person who executed the above and foregoing Entry of Appearance and Waiver, and personally acknowledged to me that he/she has read, understood, and signed the same, and that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes therein set forth. IN WITNESS THEREOF I have hereunto affixed my signature and official seal the date heretofore stated.

SEAL

NOTARY PUBLIC

My Commission Expires: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20 ____.

COURT CLERK/DEPUTY