

Cherokee Nation Guardianship

The following must be completed and submitted with the court and or appropriate designated department prior to a filing of petition for guardianship with Cherokee Nation District Court. If any document is not provided along with the petition for guardianship, the petition may be deemed incomplete and not valid.

- Affidavit and Petition for Guardianship –filed with the court
- Completed OSBI background check for the petitioner and all other adults 18 years of age or older that are residing in the home.-mailed to the OSBI address is located on the OSBI Criminal History Record Request. The fees associated with the request are the responsibility of the petitioner. A check or money order must be submitted with the request by **mail**, a postage paid return envelope is requested by the agency and must be provided if request is being mailed. Fees for criminal history records are separate per request; each request has a fee associated with the request. Requests are made on each individual 18 years or age or older residing in the home. Requests should be mailed immediately in order for the record to be checked and **submitted** back to the petitioner prior to the court hearing. **IF** the record is not provided prior to the court hearing date, the hearing may be delayed until the record is received. Once the record is received, it **shall** be filed with the court.
- An **Oklahoma** Sex Offenders Registration Affidavit must be completed on the petitioner and **all** other adults 18 years of age or older that are residing in the home. This affidavit is completed and returned at the same time the petition is **filed**. All adults in the home **MUST** complete the affidavit and **all** affidavits **MUST** be submitted at the same time as the filing for the Petition for Guardianship.

A **financial** assessment statement. Assessment is completed on the petitioner and submitted at the same time as the filing for the Petition for Guardianship.

- An OK DHS child welfare history request for the petitioner and **all** other adults 18 years of age or older that are residing in the home. Requests are made on each **individual** 18 years or age or older residing in the home. Requests should be mailed immediately to the designated **official** in order for the record to be checked and submitted back to the petitioner prior to the court hearing. **IF** the record is not provided prior to the court hearing date, the hearing may be delayed until the record is received. Once the record is received, it shall be filed with the court. The address for submittal to CN ICW is located on the document. If an ICW worker has already been assigned, the document may be provided directly to the worker or

submitted by hand to the ICW office. When **submitting** in person, information **shall** be provided as to the child's name involved in the proceeding.

- A Cherokee Nation Department of Children Youth and **Family** Services (ICW) child welfare history report request for the petitioner and all other adults 18 years of age or older that are residing in the home. Each individual 18 years of age or older residing in the home **shall** fill out a request, only one adult Bsted per request. Requests should be mailed immediately to the designated official in order for the record to be checked and submitted back to the petitioner prior to the court hearing. **IF** the record is not provided prior to the court hearing date, the hearing may be delayed until the record is received. Once the record is received, it shall be **filed** with the court. The address for submittal to CN ICW is located on the document. If an ICW worker has already been assigned, the document may be provided directly to the worker or submitted by hand to the ICW office. When submitting in person, information should be provided as to the child's name **involved** in the **proceeding**.

*If any of the above supporting documents are not provided along with the petition the petition may be deemed incomplete. The criminal history check and child welfare history requests **MUST** be submitted to the appropriate designee **IMMEDIATELY** in order for the checks to be completed prior to the court **hearing**. There can be unexpected delays **in** receiving the checks **back**, so immediate submittal is pertinent and mandatory.

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request/

6600 North Harvey Place

Oklahoma City, OK 73116

(405) 848-6724

(405) 879-2503 FAX

http://www.ok.gov/osbi/Criminal_History/

Type Of Search Requested:

- Name Based - \$15.00
- Sex offender - \$2 00
- Mary Rippy Violent Offender - \$2 00
- State Fingerprint-based - \$19 00
 - * Must provide fingerprint card.
 - Includes name based search

DATE _____

Request Submitted via

Fax Mail In Person
**REQUESTS WILL BE RETURNED
IN THE MANNER RECEIVED**

Mail requests should include postage-paid reply envelope

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search

ACCEPTABLE FORMS OF PAYMENT: CASH CASHIER'S CHECK / MONEY ORDER

BUSINESS CHECK *No Personal Checks Accepted.* CREDIT CARD *For Visa, MasterCard and Discover, security code a 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual card holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____ SIGNATURE OF REQUESTING PARTY _____

STREET ADDRESS _____

PHONE NUMBER () _____ CITY _____ STATE _____ ZIP _____ E-MAIL ADDRESS _____

Requestors outside of the United States are strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections done with white out or by striking through the fields in this section will not be processed.

NAME _____ LAST _____ FIRST _____ MIDDLE _____

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (Please do not write in the spaces below):

Oklahoma State Bureau of Investigation
Computerized Criminal History

Oklahoma Department of Corrections
Sex Offender

Oklahoma Department of Corrections
Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.

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IN THE DISTRICT COURT OF CHEROKEE NATION

IN THE MATTER OF
CHILD(REN)AME:

CASE NO _____

MINOR CHILD(REN)

)
)

Oklahoma Sex Offenders Registration Act
Affidavit

I am not a person subject to registration under the Oklahoma Sex Offenders Registration Act. I am not married to or living with such a person, or a person who has been convicted of, or has charges pending for, a felony or any relevant misdemeanor, nor is anyone living with me or frequently present in *my* home previously been convicted of, or has charges pending for, a felony or any relevant misdemeanor.

That as guardian of the above child under no circumstances shall I permit the child to be left in the custody of a person who is known to me to be subject to registration under the Oklahoma Sex Offenders Registration Act. Nor shall I permit the child to be left in the custody of a person married or living with such a person, or with any individual who has been convicted of any crime involving domestic violence abuse. Nor shall these child(ren) be placed in the custody of a person who has previously been convicted of, or has charges pending for a felony or any relevant misdemeanor.

Petitioner

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IN THE MATTER OF
CHILD(REN)AME:

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CASE NO _____

MINOR CHILD(REN)

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Petitioner

**CHEROKEE NATION INDIAN CHILD WELFARE
FINANCIAL STATEMENT**
(The information on this form is confidential)

1. ASSETS:

CASH ON HAND:	\$
MONEY MARKETS OR OTHER SAVINGS ACCOUNTS:	\$
CASH SURRENDER VALUE OF LIFE INSURANCE:	\$
REAL ESTATE OWNED:	\$
OTHER ASSETS: (INCLUDES CARS, BOATS, LIVESTOCK, ETC.)	\$
TOTAL ASSETS	\$

2. LIABILITIES:

LOANS SECURED BY REAL ESTATE:	\$
CREDIT CARD DEBT:	\$
STUDENT LOANS:	\$
OTHER ACCOUNTS OR BILLS PAYABLE:	\$
TOTAL LIABILITIES:	\$

3. MONTHLY INCOME:

HUSBAND INCOME: (net after taxes)	\$
WIFE INCOME: (net after taxes)	\$

Other income: (includes income from interest, rentals, social security, disability, adoption subsidy, foster care payments, child support, food stamps, Temporary Assistance for Needy Families (TANF), etc.)

SOURCE OF INCOME:	AMOUNT
	\$
	\$
	\$
TOTAL MONTHLY INCOME:	\$

