



CURYUNG TRIBAL COUNCIL

715 Seward Street- PO Box 216 Dillingham, AK 99576
Phone: (907) 842-2384 Fax: (907) 842-4510

_____) Case No. TC _____
Petitioner)
)
)
)
V.)
)
)
_____) Respondent
)

PETITION TO USE THE TRIBAL COURT

Please attach copies of birth certificates of any minor children involved in this petition

I, _____ wish to petition Curyung Tribal Court for the following problem, dispute, or service:

☐ Custody (Non-emergency)

☐ Custody (Emergency * Please attach a written statement indicating why custody needs to be considered on an emergency basis)

☐ Adoption (Also fill out and submit the paperwork in the adoption packet available at the Curyung Tribal office or online)

☐ Other (Please attach any additional information. Be specific as to what relief you are seeking from the Tribal Court)

PARENT INFORMATION (If applicable)

Biological Father:

Full Name: _____

Mailing Address: _____

Phone Number: _____

Tribally enrolled/eligible? No ☐ Unknown ☐

If yes, name of Tribe: _____

Biological Mother:

Full Name: _____

Mailing Address: _____

Phone Number: _____

Tribally enrolled/eligible? No ☐ Unknown ☐

If yes, name of Tribe: _____

Child(ren):

Full name (s) and date (s) of birth: _____

Tribally enrolled/eligible? No ☐ Unknown ☐ If yes, name of Tribe: _____

PETITIONER INFORMATION

Full Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Tribally enrolled/eligible? No ☐ Unknown ☐ If yes, name of Tribe: _____

Petitioner Signature

Date

ADDITIONAL INFORMATION

Please use this space to include any additional information you feel would be helpful for the Tribal Court when making a determination as to whether your petition warrants a hearing. Please use additional paper if needed and attach any pertinent information relevant to the petition. Be specific as to what relief you are seeking from the Tribal Court regarding this matter.

ADMINISTRATIVE USE ONLY

Date Petition received: _____

Reviewed by: _____

Date: _____

Declined: ☐ Accepted: ☐

Date: _____

Response provided by: _____

Date/Method: _____