

**WIND RIVER TRIBAL COURT  
SHOSHONE AND ARAPHOE TRIBES  
WIND RIVER INDIAN RESERVATION  
P.O. BOX 608  
FT. WASHAKIE, WY 82514  
PHONE: (307) 332 6702 FAX: (307) 332-7587**

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INFORMATION FOR FILING A PETITION FOR EMANCIPATION

- Please completely fill out the Petition for Emancipation and sign in front of a clerk of the Wind River Tribal Court or notarized in front of a notary
- Please provide copy of the Birth Certificate of the minor child.
- The Petitioner must be at least seventeen (17) years of age.
- Petitioner must willingly be living separate and apart from their parents.
- The parents must consent to or acquiesce in the separate living arrangement.
- Petitioner must be managing their own financial needs
- Petitioner must demonstrate they are sufficiently mature and knowledgeable to manage their own personal affairs without parental assistance
- The filing fee is \$75.00 accepted as a cashier's check or money order made payable to the WIND RIVER TRIBAL COURT.

If you need any legal advice you may contact an Attorney or Wyoming Legal Services, Civil Legal Aid Hotline at 1-877-432-9955, the Tribal Court Clerk CANNOT provide legal advice.

If you have questions pertaining to filling please call: (307) 332-6702

Civil Clerk of the Court  
Wind River Tribal Court  
Ft. Washakie, WY 82514

**WIND RIVER TRIBAL COURT  
SHOSHONE AND ARAPAHO TRIBES  
WIND RIVER INDIAN RESERVATION  
FORT WASHAKIE, WYOMING**

\_\_\_\_\_  
**IN THE MATTER OF:**

)  
) **PETITION FOR EMANCIPATION**  
)  
)

\_\_\_\_\_  
) **EM:** \_\_\_\_\_  
)  
)

**DOB:** \_\_\_\_\_

**TO THE HONORABLE COURT**

- 1.) The Petition of: \_\_\_\_\_ declares:
- I. That the above named child is a minor child. Said child comes within the preview of Title III Ch 3. Sec 1(1) Children’s Code in the Shoshone & Arapaho Law and Order Code.
  - II. The Petitioner presents the following matter to the court:  
(1.) I am petitioning the court for Emancipation of the above minor child.
  - III. The said minor child’s age is : \_\_\_\_\_
  - IV. The said minor child’s mailing address will be: \_\_\_\_\_  
\_\_\_\_\_
  - V. Facts of supporting this petition are as follows: (see attached affidavit)
  - VI. Wherefore the Petitioner prays that the court make such disposition, as is deems proper under the section of 3-7-1 Children’s Code.

Dated this \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Clerk of Court / Notary Public

My Commission Expires:

**ADVICE OF RIGHTS AND LIABILITIES TO PETITIONER FOR EMANCIPATION**

The following rights and liabilities will be given to the minor requesting emancipation by a tribal judge either in open court or in chambers:

**You have the following rights upon emancipation:**

- 1) Enter into a binding contract;
- 2) Can sue or be sued;
- 3) Can buy or sell real property;
- 4) Can establish a residence;
- 5) Will be subject to the criminal laws of the Tribes: and
- 6) Can receive Per-Capita payments.

**You will incur the following liabilities:**

- 1) Parents no longer responsible to support him/her: and
- 2) Liability for all actions if sued civilly on contracts and tests.

**CONTACT INFORMATION SHEET**

CASE NO. \_\_\_\_\_

I AM THE (CHECK ONE)                       Plaintiff/Petitioner     Defendant/Respondent

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate telephone number were a message can be left: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Other Parties Involved (CHECK ONE)                       Plaintiff/Petitioner     Defendant/Respondent

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate telephone number were a message can be left: \_\_\_\_\_

Place of employment: \_\_\_\_\_

