

**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**

REQUIRED INFORMATION FOR: VOLUNTARY CUSTODY AGREEMENT

- 1) Statement (blank statement is attached) from the natural parents/legal guardians giving voluntary custody to the Petitioner.
 - a. All natural parents/legal guardians must give their consent.
 - i. *If there is an absent parent then the information needs to be provided on where that parent is.*
 - b. *If there is any other action pending regarding the child(ren) then voluntary custody can not be filed.*
- 2) Petition (blank petition is attached) from the person receiving voluntary custody.
- 3) Please list the child(ren)'s full name and date of birth. A copy of the child(ren)'s birth certificate is required.
- 4) A filing fee of \$75.00 is required; no order will be submitted until the fee is paid.
- 5) Either party by notifying the Court in writing and paying the \$75.00 filing fee can terminate a Voluntary Custody Agreement.
- 6) Send money orders to Wind River Tribal Court, PO Box 608, Fort Washakie, WY 82514

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

Custody Clerk
Wind River Tribal Court
Ft. Washakie, WY 82514

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

IN THE MATTER AND INTEREST OF:)
)
)
_____)
MINOR CHILD DATE OF BIRTH)
)
_____)
MINOR CHILD DATE OF BIRTH)
)
_____)
MINOR CHILD DATE OF BIRTH)
)
_____)
MINOR CHILD DATE OF BIRTH)
_____))

**PETITION FOR
VOLUNTARY CUSTODY**

CIVIL NO: _____

TO THE HONORABLE COURT:

- 1) The Petition of _____ declares:
- I. That the above named child(ren) (is a) (are) minor child(ren). Said child(ren) come(s) within the preview of Title III Ch. 3 Sec.1(1) Children’s Code in the Shoshone and Arapaho Law and Order Codes
 - II. The Petitioner presents the following matter to the Courts:
 - i) I am petitioning the Court for voluntary custody of the above minor child(ren)
 - ii) _____ is voluntarily giving me custody.
 - iii) The said minor child(ren) age(s) are _____
 - iv) The said minor child(ren)’s mailing address will be _____
 - v) Facts supporting the petition are as follows: (I) (We) (am) (are) accepting voluntary custody of the said minor child(ren).

III) (I) (We) understand that this agreement can be terminated by either party petitioning the court.

IV) Wherefore the Petitioner prays the Court make such disposition, as it deems proper under the Section 3-7-1 Children's Code.

PETITIONER

CLERK OF THE COURT / NOTARY

Dated this _____ day of _____, 20____

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

IN THE MATTER AND INTEREST OF:)

_____))
MINOR CHILD DATE OF BIRTH)

_____))
MINOR CHILD DATE OF BIRTH)

_____))
MINOR CHILD DATE OF BIRTH)

_____))
MINOR CHILD DATE OF BIRTH)

**STATEMENT FOR
VOLUNTARY CUSTODY
AGREEMENT**

CIVIL NO: _____)

TO THE HONORABLE COURT:

- 1) The natural mother of the said minor child(ren) is _____ and her mailing AND physical addresses are _____

- 2) The natural father of the said minor child(ren) is _____ and his mailing AND physical addresses are _____

- 3) (I) (We) make this statement to the Court, stating that (I) (We) are the legal guardian(s)/parent(s) of the above-named minor child(ren) and there are no other court actions pending regarding the above minor child(ren).

- 4) (I) (We) (am) (are) voluntarily giving custody of the above-named minor child(ren) to: _____

- 5) And authorize the said person(s) to give their consent for any medical, dental, educational, surgical, or legal procedures to be in the best interest of the said minor

child(ren).

- 6) Per Capita payments for the said minor child(ren) are to be send directly to:
_____at,_____ to help
meet the said minor child(ren)'s basic needs.

(I) (We) understand that this agreement can be terminated at any time by either party petitioning the court.

Dated this ___ day of _____ 20__

Legal Parent/Guardian

Legal Parent/Guardian

(stop)

(for court clerk or notary)

Clerk of Court/Notary

Dated this ___ day of _____ 20__

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 where a message can be left:

Place of employment:

