**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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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 | ) | |
| | ) | |
| _____ | ) | **PETITION FOR VOLUNTARY CUSTODY** |
| MINOR CHILD DATE OF BIRTH | ) | |
| | ) | |
| _____ | ) | |
| MINOR CHILD DATE OF BIRTH | ) | |
| | ) | |
| _____ | ) | |
| MINOR CHILD DATE OF BIRTH | ) | |
| | ) | 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 ber 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 | ) | |
| | ) | |
| _____ | ) | **STATEMENT FOR VOLUNTARY CUSTODY AGREEMENT** |
| MINOR CHILD DATE OF BIRTH | ) | |
| | ) | |
| _____ | ) | |
| MINOR CHILD DATE OF BIRTH | ) | |
| | ) | |
| _____ | ) | |
| MINOR CHILD DATE OF BIRTH | ) | |
| | ) | 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____

# WIND RIVER TRIBAL COURT

**Wind River Indian Reservation**
**P.O. Box 608**
**Fort Washakie, WY 82514**
**Phone: (307) 332-6702 Fax: (307) 332-7587**

**In the Matter of:** )
)
) **AFFIDAVIT**
)
)
)
)
)
_____ )

I, _____, hereby duly sworn upon my oath and say that:

_____
_____
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_____
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_____

Dated this_____day of _____, 20___

_____
**Signature of Affiant**

Subscribed and sworn to before this _____day of _____, 20___

_____
Court Clerk or Notary Public

My Commission Expires:

# WIND RIVER TRIBAL COURT

**Wind River Indian Reservation**
**P.O. Box 608**
**Fort Washakie, WY 82514**
**Phone: (307) 332-6702 Fax: (307) 332-7587**

**In the Matter of:** )
)
)
)
)
)
)
)
_____ )

**AFFIDAVIT**

I, _____, hereby duly sworn upon my oath and say that:

_____

_____

_____

_____

_____

_____

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_____

Dated this_____day of _____, 20___

_____
**Signature of Affiant**

Subscribed and sworn to before this _____day of _____, 20___

_____
Court Clerk or Notary Public

My Commission Expires

# CONTACT INFORMATION SHEET

CASE NO._____

I AM THE (CHECK ONE) **O** Plaintiff/Petitioner **O** 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) **O** Plaintiff/Petitioner **O** 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: _____