


<p>Little Traverse Bay Bands of Odawa Indians Tribal Court</p>	<p><b>Petition for Simple Dissolution of Marriage</b></p>	
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Court Mailing Address: 911 Spring St., Petoskey, MI 49770

Ph: 231-242-1462

Case No:

<p>Petitioner's Full Legal Name _____</p> <p>Tribal Citizenship Number _____</p> <p><input type="checkbox"/> husband <input type="checkbox"/> wife</p> <p>Address and phone no. _____</p>	<p>V</p>	<p>Respondent Full Legal Name _____</p> <p>Tribal Citizenship Number _____</p> <p>Address and phone no. _____</p>
<p>Petitioner's name before marriage _____</p>	<p>Respondent's name before marriage _____</p>	

1. Petitioner's residence: at least  6 months within Tribal Jurisdiction immediately before filing of this petition.

Respondent's residence: at least  6 months within Tribal Jurisdiction immediately before filing of this petition.
2. Marriage: \_\_\_\_\_

Date

Place of marriage
3. Drivers license number: \_\_\_\_\_

Petitioner

Respondent
4. Social Security number: \_\_\_\_\_

Petitioner

Respondent
5. The parties stopped living together as husband and wife on or about:

\_\_\_\_\_

Date and Location
6.  There has been a breakdown in the marital relationship to the point that the objects of matrimony has been destroyed and there remains no reasonable likelihood that the marriage can be preserved, or  that the parties have lived separate and apart for one (1) year. Date of separation \_\_\_\_\_.
7. There are no children of the parties under the age of 18, unless emancipated, or no dependent children together.

8. The wife  is  is not pregnant, and the estimated date of birth is \_\_\_\_\_.

9. There  is property to be divided  is no property to be divided.

*Attached - proposed division of marital property and debt.*

10. I request temporary orders for the payment of the following:

a. support for:  respondent

b. health care:  insurance premiums for  spouse

c. residence:  rent/mortgage/land contract  taxes  insurance

d. other:  specify: \_\_\_\_\_  
neither party is requesting alimony

11. Motion(s) are attached that request temporary restraining order(s) concerning:

a. property

b. domestic assault:  civil  criminal

c. other: specify \_\_\_\_\_

12. I request a judgment of divorce, and:

a. property:  award to each party the property in their possession  divide

b. change wife's last name to \_\_\_\_\_.

c. support money for:  petitioner  respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent's Signature

.....  
Subscribed and sworn to me on \_\_\_\_\_ in \_\_\_\_\_ County, Michigan  
Date

My commission expires: \_\_\_\_\_  
Date

Notary Seal

Signature \_\_\_\_\_, \_\_\_\_\_ County Michigan

.....  
Subscribed and sworn to me on \_\_\_\_\_ in \_\_\_\_\_ County, Michigan  
Date

My commission expires: \_\_\_\_\_  
Date

Notary Seal

Signature \_\_\_\_\_, \_\_\_\_\_ County Michigan

Little Traverse Bay Bands of Odawa Indians  
Tribal Court



Court Address: 911 Spring St., Petoskey, MI 49770

Phone: (231) 242-1462 Fax: (231)242-1470

CASE NO: \_\_\_\_\_ (Court Office use only)

Plaintiff(s), address, telephone no.		Defendant(s), address, telephone no.
Plaintiff(s), Attorney's address, telephone no.	v	Defendant(s), Attorney's address, telephone no.

**COMPLAINT**

(Attach additional sheets of paper if necessary)

I, \_\_\_\_\_ have the complaint against \_\_\_\_\_

\_\_\_\_\_

Based upon: (Give details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am requesting the following from the Court:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Plaintiff

## Dissolution of Marriage Questionnaire

Wife's name: \_\_\_\_\_

Plaintiff: \_\_\_\_\_, Defendant: \_\_\_\_\_ (Check one)

Other names known by: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Last name wife wishes to be known as following divorce: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

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

Is this address located on the LTBB reservation? Yes \_\_\_\_\_ No \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

How long at present address? \_\_\_\_\_

How long on the LTBB reservation (if different)? \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place: \_\_\_\_\_

Number of this marriage (1<sup>st</sup>, 2<sup>nd</sup>, etc.) \_\_\_\_\_

Pregnant: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, due date \_\_\_\_\_

Date of separation (when last cohabited): \_\_\_\_\_ Where did separation take place? \_\_\_\_\_

Social Security number: \_\_\_\_\_

Drivers license no. & state: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hgt: \_\_\_\_\_ Race: \_\_\_\_\_

Scars, tattoos, etc.: \_\_\_\_\_

Home telephone no.: \_\_\_\_\_ Work telephone no.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business/Employer's name and address: \_\_\_\_\_

Gross weekly income: \_\_\_\_\_

Has wife applied for or does she receive public assistance: Yes \_\_\_\_\_ No \_\_\_\_\_

If so please specify and indicate case numbers: \_\_\_\_\_

Husband's name: \_\_\_\_\_

Plaintiff: \_\_\_\_\_, Defendant: \_\_\_\_\_ (Check one)

Other names known by: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

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

Is this address located on the LTBB reservation? Yes \_\_\_\_\_ No \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

How long at present address? \_\_\_\_\_

How long on the LTBB reservation? (if different) \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place: \_\_\_\_\_

Number of this marriage (1<sup>st</sup>, 2<sup>nd</sup>, etc.) \_\_\_\_\_

Date of separation (when last cohabited): \_\_\_\_\_

Where did separation take place? \_\_\_\_\_

Social Security no.: \_\_\_\_\_

Drivers license no. & state: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Wgt: \_\_\_\_\_ Hgt: \_\_\_\_\_ Race: \_\_\_\_\_

Scars, tattoos, etc.: \_\_\_\_\_

Home telephone no.: \_\_\_\_\_ Work telephone no.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business/Employer's name and address: \_\_\_\_\_

\_\_\_\_\_

Gross weekly income: \_\_\_\_\_

Has husband applied for or does he receive public assistance: Yes \_\_\_\_\_ No \_\_\_\_\_

If so please specify and indicate case numbers: \_\_\_\_\_

Property to be divided

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Minor children of this marriage

Name:(minor child)	Tribal Affiliation	D.O.B.	Age	Address	SS#

Other minor children of either party

Name:	Tribal Affiliation	D.O.B.	Age	Address	SS#

Health care coverage available for each minor child

Name of minor child	Policyholder	Insurance co.	Policy no.

Names and addresses of persons other than parties who may have custody of children during pendency of this case:

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Places where children have lived within the last five years:

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Names and addresses of custodians with whom the children have lived within the last five years:

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Do you know of, and have you participated as a party, a witness or in any other capacity, in any other court decision, order, or proceeding, including divorce, separate maintenance, child neglect, dependency, or guardianship, concerning the custody or visitation of the children, in this state or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain and give case name, court's name and address:

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Do you have information of any pending proceeding including divorce, separate maintenance, child neglect, dependency or guardianship, concerning the custody or visitation of the children, in this state or and other state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain and give case name, court's name and address:

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Is there any other divorce proceeding or custody proceeding between these parties pending in any other court or has any such action been previously filed and dismissed, transferred, or otherwise disposed: Yes \_\_\_\_\_ No \_\_\_\_\_ : If yes explain:

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<b>Little Traverse Bay Bands of Odawa Indians Tribal Court</b>	<b>VERIFIED STATEMENT</b>	<b>CASE NO.</b>
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1. Wife's last name				First name		Middle name		Maiden Name		2. Any other names by which mother is or has been known			
3. Date of Birth			4. Social Security Number			5. Driver's license number and state							
6. Mailing address and residence address (if different) and <b>E-mail address</b>													
7. Eye color		8. Hair color		9. Height		10. Weight		11. Race		12. Scars, tattoos, etc.			
13. Home/mobile telephone no.			14. Work telephone no.			15. Maiden name			16. Occupation				
17. Business/Employer's name and address									18. Gross weekly income				
19. Has wife applied for or does she receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No									20. DHS case number				
21. Husband's last name						First name			Middle name			22. Any other names by which husband is or has been known	
23. Date of Birth			24. Social Security Number			25. Driver's license number and state							
26. Mailing address and residence address (if different) and <b>E-mail address</b>													
27. Eye color		28. Hair color		29. Height		30. Weight		31. Race		32. Scars, tattoos, etc.			
33. Home/mobile telephone no.			34. Work telephone no.			35. Occupation							
36. Business/Employer's name and address									37. Gross weekly income				
38. Has husband applied for or does he receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No									39. DHS case number				
40. a. Name of Minor Child Involved in Case				b. Birth Date		c. Age		d. Soc. Sec. No.		e. Residential Address			
41. a. Name of Other Minor Child of Either Party				b. Birth Date		c. Age		d. Soc. Sec. No.		e. Residential Address			
42. Health care coverage available for each minor child													
a. Name of Minor Child			b. Name of Policy Holder			c. Name of Insurance Co./HMO			d. Policy/Certificate/Contract No.				
43. Names and addresses of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case													

If any of the public assistance information above changes before your judgment is entered, you are required to give the Court Clerk written notice of the change.

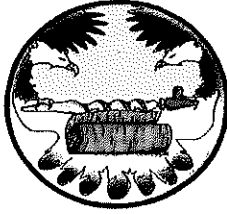
I request support services under Title IV-D of the Social Security Act.

I declare that the statements above are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature





**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT**  
Mailing Address: 911 Spring St. ~ Petoskey, MI 49770 ~ (231) 242-1462

**SUMMONS**

Civil Action, File Number \_\_\_\_\_

_____	)	
(Plaintiff)	)	
v	)	Summons
	)	
_____	)	
(Defendant)	)	

*To the above-named Defendant:*

In the name of the people of the Little Traverse Bay Bands of Odawa Indians, you are hereby summoned and required to serve upon \_\_\_\_\_, Plaintiff

whose address is \_\_\_\_\_,

an answer to the complaint which is herewith served upon you, within **28 days after service** of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

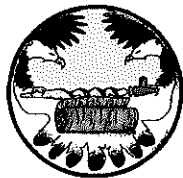
\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Court Clerk

This summons expires on \_\_\_\_\_(91 days) after the complaint is filed and is  
Date  
invalid unless served on or before the last date on which it is valid.

**Little Traverse Bay Bands of Odawa Indians  
Tribal Court**

Court Address: 911 Spring St., Petoskey, MI 49770  
Telephone No. 231-242-1462 – Fax 231-242-1470



**CERTIFICATE OF SERVICE**

I, \_\_\_\_\_ certified on this \_\_\_\_\_ a copy of this  
Name Date

\_\_\_\_\_ was served by  
Document Heading

First-Class Mail / Fax / Personal / Internal Mail / Electronic Mail upon

\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff/Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature