

**COLORADO RIVER INDIAN TRIBES LEGAL AID DEPARTMENT
APPLICATION FOR SERVICES**

Applicant Information (must be enrolled, or eligible to be enrolled with CRIT):

Name: _____ DOB: _____
 Mailing Address: _____ Day Phone: _____
 _____ Eve. Phone: _____
 Physical Address: _____ Fax: _____
 _____ Cell Phone: _____
 E-Mail: _____ Enrollment No.: _____
 SSN: XXX-XX-_____

Applicant is seeking assistance with: (please mark which box(es) applies)

<input type="checkbox"/>	Child Support (Defense)	<input type="checkbox"/>	Estate Planning (Writing a Will)
<input type="checkbox"/>	Child Support (Seeking)	<input type="checkbox"/>	Probate of an Estate
<input type="checkbox"/>	Child Custody (Defense)	<input type="checkbox"/>	Grievance
<input type="checkbox"/>	Child Custody (Seeking)	<input type="checkbox"/>	Small Claims
<input type="checkbox"/>	Guardianship of a Minor	<input type="checkbox"/>	Personal Injury
<input type="checkbox"/>	Conservatorship of Adult	<input type="checkbox"/>	Restraining Orders/Injunctions
<input type="checkbox"/>	Paternity (for Enrollment)	<input type="checkbox"/>	Dissolution of Marriage (no kids)
<input type="checkbox"/>	Child In Need of Care	<input type="checkbox"/>	Dissolution of Marriage (with kids)
	Power of Attorney:	<input type="checkbox"/>	Property Dispute
	<input type="checkbox"/> Durable	<input type="checkbox"/>	Housing Dispute
	<input type="checkbox"/> Healthcare	<input type="checkbox"/>	Name Change
	<input type="checkbox"/> Parental	<input type="checkbox"/>	Other: _____

In order to determine whether there are conflicts, please provide as many details as possible:

Please list the full names and approximate ages of each person involved in your issue:

1	_____	Approximate Age: _____
2	_____	Approximate Age: _____
3	_____	Approximate Age: _____
4	_____	Approximate Age: _____
5	_____	Approximate Age: _____

Please describe any previous services you have received from Legal Aid:

For Office Use Only:	
Referral Required?	Yes No
Office File No.: _____	

CONSERVATORSHIP/GUARDIANSHIP SUPPLEMENTAL INFORMATION (2)

Guardianship: a Guardianship is a fiduciary and care-provider legal status given to an adult over a person under the age of 18 (a minor). The Guardian(s) have all of the same authority, rights, and responsibilities as the natural parents of the minor - including physical custody, the right to make medical, educational, welfare, and social decisions for the child. For example, in which school(s) to enroll the minor, whether to consent to medical procedures for the minor like surgery, to receive medical records of the minor, whether the minor can go on school field trips or join sports teams. A Guardianship does not terminate parental rights. A Guardianship is only valid once sanctioned by a Court order. A Court may require that Annual Guardianship Reports be filed by the Guardian(s); and a Court may require that an Annual Review Hearing be held where the Guardian is required to file their annual report, and appear at the hearing to discuss the status of the guardianship. A Guardianship lasts until either the minor turns 18 years old, or the Guardianship is dissolved by a Court.

Conservatorship: A Conservatorship is a fiduciary and care-provider legal status given to an adult over another adult. It is like a "guardianship" except that the authority is one over an adult person. A Conservatorship is generally sought in situations where a person has developmental disabilities and require long-term care beyond their 18th birthday. Since a person becomes an adult responsible for their own care and decisions upon turning 18, if the person has developmental disabilities, then another adult person (possibly the person's parent(s)) need legal authority to continue making decisions for the person after the person is 18. A Conservatorship is also sought in situations where an adult - perhaps an elderly individual - requires the same type of fiduciary and care-provider legal status given to minors in cases of guardianships. A person for whom conservatorships are sought are usually referred to as an "Adult Incapacitated Person." Unless the person is consenting to a conservatorship, then the conservator has to demonstrate to the court that the person is in need of a conservatorship by demonstrating incapacity. This is usually done with medical records, medical testimony (specifically mental healthcare testimony). As like with guardianships, conservatorships may be required to file Annual Conservator Reports with the Court, as well as attend an Annual Review Hearing. A Conservatorship lasts until a Court dissolves the conservatorship, or until the adult incapacitated person passes away.

Are you seeking assistance with a Guardianship (minor) or a Conservatorship (adult)?

Guardianship of a Minor

Conservatorship of an Adult Incapacitated Person

For the purposes of this application form, for the rest of the form, "Petitioner" means the person (or persons) seeking to be the Guardian(s) or Conservator(s); "Ward" means the person who is the minor in a guardianship or the adult incapacitated person in a conservatorship.

What is the relationship between the Petitioner(s) and the Ward?

CONSERVATORSHIP/GUARDIANSHIP SUPPLEMENTAL INFORMATION (5)

If you are seeking a Conservatorship over an Adult Incapacitated Person, does the Adult Incapacitated Person consent to you becoming their Conservator?

YES

NO

If you answered "No" please explain the circumstances of why the Adult Incapacitated Person objects:

Please explain why you are seeking this Conservatorship, and why you believe that the Court granting this conservatorship would be in the best interests of the Ward:

If the Ward is not consenting to the Conservatorship, the Petitioner shall have to demonstrate the need or appropriateness of a Conservatorship and why the Court should grant the petition. This is usually accomplished with medical records or reports, and medical testimony about the Ward's incapacitation. Please describe below what medical records or reports you have to support your petition, as well as the names and contact information of any physicians or evaluators who would testify in support of your petition. If you have medical records or reports, please attach them to your application.

Each person who wishes to be named a guardian or conservator has to submit an affidavit with their petition. On the next few pages are a list of questions, most of them are "yes or no" questions. If any applicant answers "yes" to any of these questions, please elaborate on the back-side of the page about why you answered "yes." Each person seeking an appointment is required to answer these questions. Therefore, while one person may answer "no" to a certain question, another person may answer "yes." The person who answered "yes" has to provide an explanation.

CONSERVATORSHIP/GUARDIANSHIP SUPPLEMENTAL INFORMATION (6)

Please describe the circumstances of how the Petitioner(s) met the Ward. For example, if they met at birth, they grew up together as friends/cousins, they went to school together, etc.

QUESTION(S):

YES NO

Have any of the Petitioners ever been convicted of a felony?

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Have any of the Petitioners acted as a guardian or conservator for anyone in the past three years?

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Does the Petitioner(s) understand the powers and duties that they would have as a guardian or conservator?

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If any of the Petitioners acted as a guardian or conservator in the past, has the Petitioner(s) failed to file the required annual reports with the Court?

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Have any of the Petitioners ever been removed as a guardian or conservator by a Court in the past?

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Have any of the Petitioners received anything of value greater than \$100 in any one year by gift, or Last Will and Testament, or inheritance from an individual or the estate of an individual that the Petitioners were not related by blood or marriage and for whom the Petitioners served as guardian or conservator?

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Does any of the Petitioners have any interests in a business which has received anything of value greater than \$100 in any one year by gift, or Last Will and Testament, or inheritance from an individual or the estate of an individual that the Petitioners were not related by blood or marriage and for whom the Petitioners served as guardian or conservator?

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Are any of the Petitioners named as a personal representative, trustee, beneficiary, or any other type of beneficiary for an individual that the Petitioner is not related by blood or marriage and for whom the Petitioners served as guardian, conservator, trustee, or attorney-in-fact (Power of Attorney)?

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Does any of the Petitioners have any interests in any businesses which are named as a personal representative, trustee, beneficiary, or other type of beneficiary for any individual that the Petitioner is not related by blood or marriage and for whom the Petitioner served as guardian, conservator, trustee, or attorney-in-fact (Power of Attorney)?

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CONSERVATORSHIP/GUARDIANSHIP SUPPLEMENTAL INFORMATION (7)

Does any of the Petitioners have any interests in any businesses that provide housing, health care, nursing care, residential care, assisted living, home health services, or comfort care services to any individual?

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Have any of the Petitioners been charged or convicted of any kind of abuse, neglect, or mistreatment of a child or an elderly person?

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Are any of the Petitioners named on any Registry of this State or any other of Sex Offenders, or persons who have committed acts of abuse, violence, or neglect against children or elderly persons?

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Reminder - If any Petitioner(s) answered "yes" to any of these questions, they are required to provide an explanation. For example, if someone answered yes to the first question, they would have to elaborate by stating something like "I was convicted of Aggravated DUI in 2002" or whatever the facts may be.

If seeking a Conservatorship for an Adult Incapacitated Person, please attach any/all of the following that the Applicant would like the Court to review in considering whether to grant the Conservatorship:

- | | |
|--|---|
| | Medical Records |
| | Physician Notes |
| | Psychological/Psychiatric Evaluations |
| | Lists of Medications Taken |
| | Social Services Reports |
| | Nursing Care or Assisted Living Reports |
| | U.S. Social Security Administration Reports (i.e. Disability Award Letters) |
| | Statements by friends and family explaining concerns for the Ward |

By signing this form, you are requesting services by the Legal Aid Department and waiving privacy to any third-party for the purposes of that service; you promise to update the Legal Aid Department of any change of contact information during the period of representation. The Legal Aid Department does not charge C.R.I.T. community members for services, but any fees (i.e., court filing fees) are the responsibility of the applicant. Please note that the court filing fee for Guardianship and Conservatorship Cases is \$65 unless waived by the Tribal Court. You may complete a Fee Waiver Request Form, but the Legal Aid Department does not guarantee that the waiver shall be granted by the Tribal Court, and if the Tribal Court does not waive the filing fee, the applicant shall be responsible for providing a money order in the amount of \$65 made payable to the Colorado River Indian Tribes Tribal Court. If Legal Aid cannot take you on as a client for conflicts, we may seek approval for a referral.

Applicant Signature: _____ Date: _____