

DISTRICT COURT OF THE KAW NATION  
Drawer 50  
698 Grandview Drive  
Kaw City, OK 74641  
(580) 269-2552 x 111

This form packet is supplied by the Kaw Nation Court Clerk's Office. Nothing in these forms is to be construed as providing legal advice. It is highly recommended that you review these documents with an attorney. The Kaw Nation Court Clerk, Kaw Nation District Court, nor the Kaw Nation shall be liable for any use of the following forms.

Parties seeking an Order of the Court are responsible for completing all required documents. The Court Clerk cannot fill out the form for you nor can they give out legal advice. The Kaw Nation does not provide lawyers, legal advice, or legal assistance. If you need legal advice or representation, you must retain an attorney at your expense. Your selected Attorney must be registered to practice law with the Kaw Nation Bar Association prior to representing you in the Kaw Nation District Court. You may contact the Court Clerk for a current list of KNBA attorneys.

All fees, including service fees, must be paid at the time of filing. Fees cannot be waived unless a Paupers Affidavit has been filed and approved by the Judge prior to filing. This form may be requested from the Court Clerk.

**INSTRUCTIONS FOR FILING**

1. A filing fee of \$75.00 is required when filing a Petition for Divorce. Most other filings are \$50.00. There is no cost to file a Protective Order. Please be prepared to inform the Court Clerk as to which type of Process Service you will be utilizing at the time of filing your packet.
2. All parties must be notified of the filing of a Petition and any pending hearings. Respondents are allowed twenty (20) days from service of a Petition to file an answer with the Court. It will be at least a month from your file date before a court date will be set unless the Respondent signs a Waiver. A Notice of Hearing and/or Summons may be served by Tribal Police within Kay and Osage County for a Service Fee of \$50.00. If the parties reside outside of the Kay and Osage County areas, a private process server may need to be hired for service at a starting rate of \$99.00. You will be billed for the remaining due amount.
3. The Notice may also be served through Certified Mail. A Service Fee of \$17.00 will be assessed for the Court Clerk to mail the Notice.

4. It is required by law that Notice be given to the Respondent, so it is necessary to have a current mailing and physical address for this person. If you do not have an address, additional charges will need to be paid to obtain Notice by Publication in the local newspaper. THIS FEE CANNOT BE WAIVED AND WILL NEED TO BE PAID WHEN FILING FORMS. A fee of \$75.00 (average publication cost) will be assessed. Keep in mind that the fee assessed for publication is an average cost and it could cost more. If the cost is more than \$75.00, you will be responsible for the balance due at the end of publication.
5. To begin the filing process, the following required documents must be submitted to the Court Clerk:
  - Copy of your Driver's License (or State ID)
  - Copy of your Marriage Certificate
  - Copies of Birth Certificates
  - Copies of Death Certificates (if applicable)
  - Copies of CDIB Cards
  - Contact Information Sheet
  - Petition
  - Financial Affidavit (Divorce)
  - Statement of Facts (Guardianship)
  - OK Sex Offenders Registration Affidavit (Adoption, Custody and Guardianship)
  - Request for Hearing
  - Summons
  - Filing and Service fees
6. Please ensure that all required documentation has been attached and provided at the time of filing your Petition. Make sure that you completely fill out the documents and attach the required documentation. Documents that are not completely filled out can delay the process of your case. Parties are responsible for completing their own petition forms. The court clerk cannot give legal advice or assist you in filling out the forms.
7. Once your Petition and all required documentation has been received, an Order for Hearing will be issued by the Court Clerk informing all parties of the date and time of the scheduled hearing.
8. In an adoption, you MUST have an attorney. Also, once the Petition is filed, an in-home study must be completed before the adoption can be finalized (unless it is a step-parent adoption).

# CONTACT INFORMATION

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**Petitioner's Full Name:** \_\_\_\_\_

Previous Names: \_\_\_\_\_

If Married, To Whom: \_\_\_\_\_ Date: \_\_\_\_\_ City/County/State: \_\_\_\_\_

Divorced or Separated From: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address (Including County): \_\_\_\_\_

Physical Address (Including County): \_\_\_\_\_

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

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

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

CDIB No: \_\_\_\_\_ Tribe: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Born in City/County/State: \_\_\_\_\_ Birth Certificate #: \_\_\_\_\_

DL No: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Exp: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_

Distinguishing Features (Tattoos, Scars, etc.) \_\_\_\_\_

Attorney: \_\_\_\_\_

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**Respondent's Full Name:** \_\_\_\_\_

Previous Names: \_\_\_\_\_

If Married, To Whom: \_\_\_\_\_ Date: \_\_\_\_\_ City/County/State: \_\_\_\_\_

Divorced or Separated From: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address (Including County): \_\_\_\_\_

Physical Address (Including County): \_\_\_\_\_

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

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

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

CDIB No: \_\_\_\_\_ Tribe: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Born in City/County/State: \_\_\_\_\_ Birth Certificate #: \_\_\_\_\_

DL No: \_\_\_\_\_ DL State: \_\_\_\_\_ DL Exp: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_

Distinguishing Features (Tattoos, Scars, etc.) \_\_\_\_\_

Attorney: \_\_\_\_\_

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**IN THE DISTRICT COURT FOR THE KAW NATION  
KAW CITY, OKLAHOMA**

IN RE: THE GUARDIANSHIP OF:            )  
  )  
\_\_\_\_\_,    )  
DOB: \_\_\_\_\_,                            )    Case No. GD-\_\_\_\_\_ )  
  )  
An Incapacitated Person.                )

**PETITION FOR APPOINTMENT OF A GUARDIAN**

COMES NOW \_\_\_\_\_, and petitions this Court for the appointment of a guardian of \_\_\_\_\_, and in support of his/her Petition, represents and shows to the Court:

1. That \_\_\_\_\_(ward) is a resident of \_\_\_\_\_ County, State of Oklahoma and is either located within the territorial jurisdiction of the Kaw Nation or is a member of \_\_\_\_\_.
2. That Petitioner is a person interested in the welfare of \_\_\_\_\_, is a relative of the proposed ward and therefore, is entitled to petition this Court for appointment of a guardian.
3. That \_\_\_\_\_ is impaired by reason of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A letter from (doctor, psychologist, social worker) is attached hereto, marked Exhibit "A" and incorporated herein.

4. That this impairment results in his/her inability to receive and evaluate information effectively and meet the essential requirements for his/her physical health and safety, and manage his/her financial resources.
5. That \_\_\_\_\_ impairment is evidenced by his/her \_\_\_\_\_  
\_\_\_\_\_
6. That notice of this Petition shall be given to the following individuals:  
Name                      Relationship              Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. That Petitioner asserts that the subject of the guardianship is/is not married and has the following children:  
\_\_\_\_\_

8. The Petitioner knows of no persons or organizations nominated by will or other writing to serve as guardian or limited guardian of \_\_\_\_\_.
9. That \_\_\_\_\_ is/is not receiving services from the Department of Children and Family Services.
10. That this Petition is not presented pursuant to the provisions of any Revised Uniform Veterans Guardianship Act, so notice to the Veterans Administration is not required.
11. That Petitioner is unaware of the existence or identity of any attorney representing \_\_\_\_\_.
12. That Petitioner is qualified as guardian of \_\_\_\_\_, and the Petitioner is not a minor, incapacitated, or partially incapacitated, nor a convicted felon, is not bankrupt, nor is he/she insolvent, or under any financial obligation to the Ward or subject to a conflict of interest which would preclude, or be substantially detrimental to his/her ability to act in the best interest of \_\_\_\_\_.

WHEREFORE, Petitioner respectfully requests that this Court set a date for hearing on this Petition, order such notice as required by law and upon hearing this Petition, appoint Petitioner guardian of \_\_\_\_\_.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

**VERIFICATION**

I, \_\_\_\_\_, do solemnly swear that the contents and facts herein are true and correct.

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

STATE OF OKLAHOMA    )  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN to before me on this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission expires on: \_\_\_\_\_

Commission No.: \_\_\_\_\_

## STATEMENT OF FACTS BY PROPOSED GUARDIAN(S)

1. Are you or is anyone living in your home currently charged with or been convicted of a crime? ( ) YES ( ) NO
2. Are you or is anyone living in your home required to register as a sex offender? ( ) YES ( ) NO
3. Have you or has anyone living in your home had a restraining order or protective order filed against him/her in the last ten (10) years? ( ) YES ( ) NO
4. Have you or has anyone living in your home been charged with, arrested for, or convicted of any form of child abuse, neglect or molestation? ( ) YES ( ) NO
5. Have you or has anyone living in your home had any reports alleging any form of abuse, neglect, or molestation made to any agency charged with protecting children (e.g. Oklahoma Child Protective Service or Kaw Nation Social Services) or any other law enforcement agency regarding him/her or anyone living within your home? ( ) YES ( ) NO
6. Have you filed for or received protection under the federal bankruptcy laws? ( ) YES ( ) NO
7. Have you ever had a license, certificate, permit, or registration required by the laws of any state for the practice of a profession or occupation suspended or revoked? ( ) YES ( ) NO
8. Have you or anyone living in your home habitually used any illegal substances or abused alcohol? ( ) YES ( ) NO
9. Have you ever been removed as a guardian in any other case? ( ) YES ( ) NO
10. Have you or anyone living in your home been charged with, arrested for, or convicted of a crime involving illegal substances or alcohol? ( ) YES ( ) NO

- 11. Have you or anyone living in your home had a social worker, parole officer, or probation officer assigned to him/her? ( ) YES ( ) NO
- 12. Have you or anyone living in your home received services from a psychiatrist, psychologist, or therapist for a mental health related issue? ( ) YES ( ) NO
- 13. Do you or anyone living in your home suffer from a mental illness? ( ) YES ( ) NO

**VERIFICATION**

I/We, \_\_\_\_\_, proposed guardian(s) herein, being duly sworn to tell the truth and being of lawful age above eighteen (18) years of age, hereby verify that the answers and information I/we have provided in the Statement of Facts are in fact true and correct to the best of my/our knowledge and belief, under penalty of perjury.

Proposed Guardian (1) Printed Name	Proposed Guardian (2) Printed Name
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Proposed Guardian (1) Signature	Proposed Guardian (2) Signature
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**CERTIFICATION**

I, Dawn Nicholas, Court Clerk/Administrator/Deputy Clerk of the District Court, certify that \_\_\_\_\_ and \_\_\_\_\_ personally appeared before me on \_\_\_\_\_, 202\_\_ and being duly sworn, executed the above verification in my presence.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.



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Court Clerk/Administrator/Deputy Clerk

IN THE DISTRICT COURT FOR THE KAW NATION  
KAW CITY, OKLAHOMA

\_\_\_\_\_, )  
Petitioner, )  
vs. ) Case No. \_\_\_\_\_  
\_\_\_\_\_, )  
Respondent. )

OR

IN RE: )  
\_\_\_\_\_, ) Case No. \_\_\_\_\_  
DOB: \_\_\_\_\_ )

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OKLAHOMA SEX OFFENDER  
REGISTRATION ACT AFFIDAVIT

I am not a person subject to registration under the Oklahoma Sex Offenders Registration Act. I am not married to or living with such a person, or a person who has been convicted of or has charges pending for a felony or any relevant misdemeanor, nor is anyone living with me or frequently present in my home previously been convicted of, or has charges pending for, a felony or any relevant misdemeanor.

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

State of Oklahoma )  
County of \_\_\_\_\_ )

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_,  
202\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires On: \_\_\_\_\_

Commission No.: \_\_\_\_\_

IN THE DISTRICT COURT FOR THE KAW NATION  
KAW CITY, OKLAHOMA

\_\_\_\_\_, )  
Petitioner, )  
vs. ) Case No. \_\_\_\_\_  
\_\_\_\_\_, )  
Respondent. )

OR

IN RE: )  
\_\_\_\_\_, ) Case No. \_\_\_\_\_  
DOB: \_\_\_\_\_ )

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REQUEST FOR HEARING

Petitioner, \_\_\_\_\_, requests this Court schedule a hearing on Petitioner's Petition.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Petitioner's Printed Name

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

**IN THE DISTRICT COURT FOR THE KAW NATION  
KAW CITY, OKLAHOMA**

_____	)	
Petitioner,	)	
	)	
vs.	)	Case No. _____
	)	
_____	)	
Respondent.	)	

**OR**

IN RE:	)	
_____	)	Case No. _____
DOB: _____	)	

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**SUMMONS**

THE KAW NATION TO:

List Petitioner's Name and Address	List Respondent's Name and Address
From _____	To _____
_____	_____
_____	_____

To the above-named Respondent:

You are ordered and directed to appear at the District Court for the Kaw Nation, in Kaw City, Oklahoma, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at 10:00 am.

**If you fail to appear and/or file an answer to the Petition attached hereto within twenty (20) days of receiving this Summons, a default judgment may be rendered against you.**

You may seek the advice of an attorney in any matter connected with this suit or your answer. Such attorney should be consulted immediately.

Issued this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Court Clerk

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**HOW DO YOU WANT THE RESPONDENT TO BE SERVED?**  Certified Mail \$17

Process Server \$50 and up

**AFFIDAVIT OF SERVICE**

**SERVICE BY PROCESS SERVER**

I, \_\_\_\_\_, hereby certify that I served this Summons together with a copy of the Petition upon \_\_\_\_\_ at \_\_\_\_\_ am/pm on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and made the return according to law, and that I am duly authorized to endorse this affidavit, so help me God.

\_\_\_\_\_  
Police Officer/Process Server

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public's Signature: \_\_\_\_\_

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

My commission number: \_\_\_\_\_

**CERTIFICATION OF SERVICE BY MAIL**

I hereby certify that I mailed copies of the foregoing Summons with a copy of the Petition attached to the following named parties at the address shown by certified mail, addressee only, return receipt requested, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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