



**The Grand Traverse Band of  
Ottawa and Chippewa Indians**

2605 N. West Bay Shore Drive • Peshawbestown, MI 49682 • (231) 534-7750

**Certification of Tribal Council Action**  
Special Session of August 29, 2012

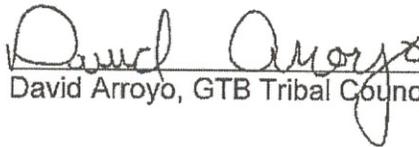
**I hereby certify as the Tribal Council Secretary that the foregoing  
Motion was Approved and Adopted at the Special Session of the  
Grand Traverse Band of Ottawa & Chippewa Indians Tribal Council**

**Access to Minor Trust Regarding Vehicles**

Motion made by Tribal Council Member Shomin and Supported by Tribal Council Member Gasco to approve if extenuating circumstances exist the Legal Department on behalf of the trustee will not object to applications for vehicles so long as the cost of the car and annual insurance does not exceed \$10,000.

6 – FOR; 0 – AGAINST; 0 – ABSENT; 0 – ABSTAINING

**Motion Carries**

  
\_\_\_\_\_  
David Arroyo, GTB Tribal Council Secretary

cc: Legal

IN THE TRIBAL COURT FOR THE  
GRAND TRAVERSE BAND OF  
OTTAWA AND CHIPPEWA INDIANS

PETITION FOR ACCESS TO  
MINOR'S TRUST ACCOUNT

FILE NO.

Court address  
2605 N.W. Bay Shore Drive, Peshawbestown, MI 49682

Court telephone no.  
(231) 534-7050

In the matter of: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_  
(minor's full name)

I, \_\_\_\_\_, make this Petition requesting access to the above minor's trust account  
as more fully outlined below:

1. I am making this petition as  self  parent  legal guardian  custodian  other: \_\_\_\_\_  
of the above-named minor.
2. Petitioner(s)' address and phone number: \_\_\_\_\_  
\_\_\_\_\_
3. Minor's full name: \_\_\_\_\_
4. Minor's date of birth and Tribal ID #: \_\_\_\_\_
5. Minor's address and phone: \_\_\_\_\_  
\_\_\_\_\_
6. Legal mother's name, address and phone: \_\_\_\_\_  
\_\_\_\_\_
7. Legal father's name, address and phone: \_\_\_\_\_  
\_\_\_\_\_
8. (If applicable), legal guardian/custodian's name and address: \_\_\_\_\_  
\_\_\_\_\_
9. I am requesting a total of \$ \_\_\_\_\_ from the minor's trust account.
10. I am requesting the amount above to be used for the following expenses for the direct benefit of the minor:  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheets if necessary)

11. Attached is all available documentation which supports my request (i.e., copies of any bills, invoices, etc., requested to be paid.). Also attached are copies of the minor's Tribal ID and birth certificate. I understand that the Court may require additional documentation concerning my request prior to my request being considered.

12. At the present time, the minor's trust account balance is approximately \$ \_\_\_\_\_.
13. I  have  have not previously accessed this minor's trust account. If you have, please indicate the file number of the previous Petition: \_\_\_\_\_.
14. Are there any loans borrowed against or other amounts owed to/from this minor's trust account?  yes  no. If yes, please state what the loan/amount was for, and how much is still owed on said loan(s):  
\_\_\_\_\_.
15. I understand that the Court will approve this request **only** if the Court finds that these expenses are **necessary expenses that directly benefit the minor.**
16. I understand that payment of the one hundred dollar (\$100.00) filing fee **does not guarantee** that this Petition will be approved.
17. I have completed the attached Financial Statement fully and completely. I understand that my Petition will not be processed by the Court until the Financial Statement has been completed.
18. I understand that if approved, the Court will likely structure any funds released from the minor's trust account to be a loan from the minor's trust account to the minor, to be repaid from the minor's next available distribution(s), at age 19, 20, and/or 21, so that the minor does not have to pay taxes on the funds until a distribution is made.

**I declare that this Petition and the attached Financial Statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief. I further authorize the release of any information needed to verify this statement or any other information needed to verify my financial affairs.**

*[Note: This petition must be signed before a notary before it may be filed with the Tribal Court. The notary must be present to witness your signature.]*

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

Date: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

STATE OF MICHIGAN                    )  
  ) ss.  
COUNTY OF \_\_\_\_\_            )

Subscribed and sworn to by \_\_\_\_\_, Petitioner(s), before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
\_\_\_\_\_  
\_\_\_\_\_, County, Michigan

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



**IN THE TRIBAL COURT FOR THE  
GRAND TRAVERSE BAND OF  
OTTAWA & CHIPPEWA INDIANS**

**FINANCIAL STATEMENT**

**FILE NO.**

Court address  
2605 N.W. Bay Shore Drive, Peshawbestown, MI 49682

Court telephone no.  
(231) 534-7050

1. In the matter of \_\_\_\_\_  
(minor's name, DOB, TID)

**TO BE COMPLETED BY PETITIONER(S)**

PERSONAL & EMPLOYMENT INFORMATION

1. Name	2. Date of birth	10. Spouse	11. Date of birth
3. Soc. sec. no.	4. Driver license no.	12. Soc. sec. no.	13. Driver license no.
5. Employer's name	6. Length of employment	14. Employer's name	15. Length of employment
7. Employer's address		16. Employer's address	
8. Gross pay \$ _____ per _____ (attach paystub)	9. List payroll deductions from amount at left Fed. inc. tax    State inc. tax    Local inc. tax FICA            Other:	17. Gross pay \$ _____ per _____ (attach paystub)	18. List payroll deductions from amount at left Fed. inc. tax    State inc. tax    Local inc. tax FICA            Other:
19. Home address			20. Telephone no.
21. Marital status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced	22. Names and ages of dependents residing with petitioner		
23. Names, ages and relationships of all other people living in the home			

24. **MEDICAL/MEDICAID/DENTAL/OPTICAL INSURANCES** List company name and policy no., and whether group, co-deductible etc.

25. **OTHER INCOME** List below all other income, including: per capita, overtime, tips, public assistance, child support, unemployment, veteran's benefits, social security, pensions, workers comp., disability, interest, dividends, rent, etc.

SOURCE OF INCOME	\$	per
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE CONTINUE ON OTHER SIDE IF NECESSARY (Item 29)

26. **ASSETS** (other than real estate and motor vehicles)  
List all other assets below, including: checking and savings accounts, stocks, bonds, insurance cash value, IRA's, deferred compensation, retirement funds, bonds posted, etc.

	BALANCE	INSTITUTION NAME
Checking/Draft	_____	_____
Savings	_____	_____
Credit Union	_____	_____

ASSET	VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

PLEASE CONTINUE ON OTHER SIDE IF NECESSARY (Item 29)

27. **PROPERTY** REAL ESTATE

Purchase Price	Current Value	Loan Balance	Payments
_____	_____	_____	_____
_____	_____	_____	_____

MOTOR VEHICLES

Year	Make	Loan Balance	Payments
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE CONTINUE ON OTHER SIDE

Court address  
2605 N.W. Bay Shore Drive, Peshawbestown, MI 49682

Court telephone no.  
(231) 534-7050

Plaintiff/Petitioner name, address, phone

Defendant/Respondent name, address, phone

v.

In the matter of: \_\_\_\_\_

**AFFIDAVIT/APPLICATION FOR WAIVER OR SUSPENSION OF FEES AND COURT COSTS**

1. My name is: \_\_\_\_\_ I am hereby seeking to file  
(name of applicant)  
the attached pleading(s) with the Tribal Court.

2. I believe I am entitled to and I request that the Tribal Court waive or suspend the fees and costs in this action for the following reasons:

I am currently receiving public assistance in the amount of: \$ \_\_\_\_\_ per \_\_\_\_\_  
for \_\_\_\_\_.

I am unable to pay those fees and costs because of indigence, based upon the following facts:

**TO BE COMPLETED FULLY**

PERSONAL & EMPLOYMENT INFORMATION	3. Name			4. Date of birth			12. Spouse			13. Date of birth						
	5. Soc. sec. no.			6. Driver license no.			14. Soc. sec. no.			15. Driver license no.						
	7. Employer's name			8. Length of employment			16. Employer's name			17. Length of employment						
	9. Employer's address						18. Employer's address									
	10. Gross pay		11. List payroll deductions from amount at left				19. Gross pay		20. List payroll deductions from amount at left							
	\$ _____		Fed. inc. tax		State inc. tax		Local inc. tax		\$ _____		Fed. inc. tax		State inc. tax		Local inc. tax	
	per _____		FICA		Other:				per _____		FICA		Other:			
	(attach paystub)								(attach paystub)							
	21. Home address									22. Telephone no.						
	23. Marital status			24. Names and ages of dependents residing with petitioner												
<input type="checkbox"/> single																
<input type="checkbox"/> married																
<input type="checkbox"/> separated			25. Names, ages and relationships of all other people living in the home													
<input type="checkbox"/> divorced																

26. MEDICAL/MEDICAID/DENTAL/OPTICAL INSURANCES List company name and policy no., and whether group, co-deductible etc.

PLEASE CONTINUE TO NEXT PAGE

27. **OTHER INCOME** List below all other income, including: per capita, overtime, tips, public assistance, child support, unemployment, veteran's benefits, social security, pensions, workers comp., disability, interest, dividends, rent, etc.  
SOURCE OF INCOME

\_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

PLEASE CONTINUE BELOW IF NECESSARY (Item 31)

28. **ASSETS** (other than real estate and motor vehicles)  
List all other assets below, including: checking and savings accounts, stocks, bonds, insurance cash value, IRA's, deferred compensation, retirement funds, bonds posted, etc.

	BALANCE	INSTITUTION NAME
Checking/Draft		
Savings		
Credit Union		

ASSET	VALUE
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

PLEASE CONTINUE BELOW IF NECESSARY (Item 31)

29. REAL ESTATE

Purchase Price	Current Value	Loan Balance	Payments

MOTOR VEHICLES

Year	Make	Loan Balance	Payments

30. **OTHER PAYMENTS** (Do not include payroll deductions listed in items 11 and 20 or property payments listed in item 29)

List all other payments, including: rent, utilities, support, loans, garnishments, mandatory union dues, mandatory retirement contributions, etc.

ITEM	PAYMENT	BALANCE	ITEM	PAYMENT	BALANCE
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____
_____	\$ _____ per _____	\$ _____	_____	\$ _____ per _____	\$ _____

PLEASE CONTINUE BELOW IF NECESSARY

31. **EXTRA SPACE** Use this space if you ran out of room above. Please label your items as INCOME, ASSETS, PROPERTY, PAYMENTS, etc.

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

I declare that I have read and completed the above, that it has been examined by me and that its contents are true to the best of my information, knowledge and belief. I further authorize the release of any information needed to verify this affidavit or any other information needed to verify my financial affairs.

I understand that if I knowingly list any false information on this affidavit, I may be prosecuted for perjury or found in contempt of court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ County, Michigan.

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Notary Public

Notary Public, State of Michigan, County of \_\_\_\_\_.

**ORDER REGARDING WAIVER OR SUSPENSION OF FEES AND COURT COSTS**

The Court having reviewed the above Affidavit/Application for Waiver or Suspension of Fees and Court Costs:

IT IS HEREBY ORDERED:

- 1. Fees and costs in this action required by law or by court rule are hereby waived.
- 2. Fees and costs in this action are suspended until further order of the Court.
- 3. The applicant's spouse shall pay the fees and costs required by law or by court rule.
- 4. The application is denied.
- 5. Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tribal Court Judge