

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS TRIBAL COURT	REQUEST TO TRAVEL INDIAN CHILD WELFARE (ICW) CASES ONLY	CASE NO.
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2605 N. WEST BAY SHORE DRIVE, PESHAWBESTOWN, MI 49682 (231)534-7050 TribalCourt@gtb-nsn.gov (231)534-7051 fax

In the matter of:

Presenting Officer name, address, phone number

Tribal Prosecuting Attorney 2605 N. West Bay Shore Drive, Peshawbestown, MI 49682, (231)534-7637

NOTE: This form is intended for use in Indian Child Welfare Cases ONLY and MUST be submitted by Caseworker.

1. I am requesting permission of the Tribal Court to allow travel outside the six-county service area during the dates/times outlined below for the above-named child.
2. The following details of travel:
 - a. Anticipated date and time of departure: _____
 - b. Anticipated date and time of return: _____
 - c. Reason for travel: _____
 - d. Name of all person's child will be traveling with: _____
 - e. Phone number(s) where parent/guardian/custodian can be reached: _____
 - f. Address(es) and phone numbers where the child will be staying including city, state, and ZIP: _____
3. I certify under penalty of perjury that the statements above are true to the best of my knowledge, information, and belief.

Dated: _____

Parent/Guardian/Custodian

IF THE REQUEST IS NOT SUBMITTED FOR AT LEAST 48 HOURS IN ADVANCE OF TRAVEL, THE REQUEST MAY NOT BE REVIEWED/APPROVED. CHILD MUST STAY IN 6 COUNTY SERVICE AREA. ALL SIGNATURE LINE MUST BE COMPLETED IN ORDER FOR TRAVEL TO BE CONSIDERED / APPROVED BY THE JUDGE.

Dated: _____ AFS Caseworker Signature: _____

Dated: _____ DHS Caseworker Signature: _____

Dated: _____ AFS Supervisor Signature: _____

No Objection

Objection based on: _____

Request Hearing

Dated: _____ Presenting Officer Signature: _____

IT IS HEREBY ORDERED:

Request to Travel is approved as described above.

Request to Travel is denied, reason: _____

Other: _____

Dated: _____ Tribal Court Judge: _____