



# PONCA TRIBAL COURT

1800 Syracuse Avenue • Norfolk, NE 68701 • Phone: 402.371.8834 • Fax: 402.371.3238

Re: Custody/Child Support/Visits/Paternity Petition

Enclosed, please find a Petition that you may use to file a case through the Ponca Tribal Court. Please complete this Petition and return it to my office, along with a \$60.00 filing fee. If you cannot afford the filing fee, then please complete the enclosed Motion to Proceed In Forma Pauperis. The Judge has to approve or deny the Motion. Please note that the Ponca Tribal Council has determined that the filing fee may be waived for Ponca Members only.

I have also enclosed a Jurisdiction Affidavit that must be completed in order to file your Petition. If an emergency exists, you may complete the enclosed Affidavit to request the Judge issue an emergency order without waiting for a hearing.

Once I receive the Petition and the filing fee (or an Order signed by the Judge approving the Motion to Proceed), then the other party will be personally served with the paperwork and a scheduling order. A pretrial conference will be set to determine what issues still need to be resolved. If issues are not resolved during the pretrial conference, then a trial date will be set. Pretrial conferences may be held by phone, so I have also enclosed telephonic hearing rules.

If you have any questions, please feel free to contact me at 402-371-8834, or via email at [ruthanneg@poncatribune-ne.org](mailto:ruthanneg@poncatribune-ne.org).

Sincerely,

RUTHANNE GALLUP  
Tribal Court Administrator

Enc: Petition; Affidavit; Motion to Proceed In Forma Pauperis; Jurisdiction Affidavit;  
Telephonic Hearing Rules; Confidential Information

IN THE PONCA TRIBAL COURT

\_\_\_\_\_ ) CASE # \_\_\_\_\_  
 Your name )  
 Plaintiff, )  
 vs. ) **PETITION FOR:** Check all that apply  
 \_\_\_\_\_ )  **Visits**  
 Other parent's name )  **Paternity**  
 Defendant )  **Custody**  
 )  **Child Support**  
 ) \_\_\_\_\_  
 State of \_\_\_\_\_ )  
 ) SS  
 County of \_\_\_\_\_ )

1. Plaintiff, in support of this Petition, states and alleges as follows: That jurisdiction with this Court is proper because of the following:

I  am a member of the \_\_\_\_\_ Tribe, my enrollment number is \_\_\_\_\_ . This  is  is not a federally recognized Tribe.

I  am not a member of a Tribe, however my child(ren) is/are a member of the \_\_\_\_\_ Tribe, enrollment# \_\_\_\_\_ .

Other basis for jurisdiction: \_\_\_\_\_  
\_\_\_\_\_

My true and correct name is:

\_\_\_\_\_ First Middle Last

**ONLY COMPLETE IF YOU WANT THIS ADDRESS KNOWN TO ALL PARTIES. THIS INFORMATION MUST BE PROVIDED TO THE COURT SEPARATELY.**

My physical address, where I primarily reside, is \_\_\_\_\_  
Street number Apt number

\_\_\_\_\_ City State Zip Code

located in \_\_\_\_\_ County in the state of \_\_\_\_\_ .

My mailing address is: \_\_\_\_\_

I have lived at this residence since \_\_\_\_\_ .

2. The Respondent's true and correct name is:

\_\_\_\_\_  
First Middle Last

The Respondent's tribal affiliation is: \_\_\_\_\_

The Respondent's physical address, where the Respondent primarily resides, is:

\_\_\_\_\_  
Street number Apt number

\_\_\_\_\_  
City State Zip Code

located in \_\_\_\_\_ County in the state of \_\_\_\_\_.

The Respondent's mailing address is: \_\_\_\_\_

The Respondent has lived at this residence since \_\_\_\_\_.

The Respondent's place of employment is: \_\_\_\_\_

The information about the Respondent is unavailable to me because of the following:

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

3. The minor children are: Attach additional sheets as needed.

Full Name of child: \_\_\_\_\_

Child is: Check one ( ) male ( ) female

Tribal Affiliation of child: \_\_\_\_\_

Enrollment number: \_\_\_\_\_

Full Address of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Full name of mother: \_\_\_\_\_

Full address of mother: \_\_\_\_\_

Tribal Affiliation of mother: \_\_\_\_\_

Full name of father: \_\_\_\_\_

Full address of father: \_\_\_\_\_

Tribal Affiliation of father: \_\_\_\_\_

Full name of guardian: \_\_\_\_\_

Full address of guardian: \_\_\_\_\_

My relationship to this child \_\_\_\_\_

The respondent's relationship to child: \_\_\_\_\_

Parents of child ( ) were/are married ( ) were **NEVER** married

Paternity determined by: **check one** ( ) court order ( ) affidavit ( ) not established

This information is not available because: \_\_\_\_\_

Full Name of child: \_\_\_\_\_  
Child is: Check one ( ) male ( ) female  
Tribal Affiliation of child: \_\_\_\_\_  
Enrollment number: \_\_\_\_\_  
Full Address of child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Full name of mother: \_\_\_\_\_  
Full address of mother: \_\_\_\_\_  
Tribal Affiliation of mother: \_\_\_\_\_  
Full name of father: \_\_\_\_\_  
Full address of father: \_\_\_\_\_  
Tribal Affiliation of father: \_\_\_\_\_  
Full name of guardian: \_\_\_\_\_  
Full address of guardian: \_\_\_\_\_  
My relationship to this child \_\_\_\_\_  
The respondent's relationship to child: \_\_\_\_\_  
Parents of child ( ) were/are married ( ) were **NEVER** married  
Paternity determined by: **check one** ( ) court order ( ) affidavit ( ) not established  
This information is not available because: \_\_\_\_\_

Full Name of child: \_\_\_\_\_  
Child is: Check one ( ) male ( ) female  
Tribal Affiliation of child: \_\_\_\_\_  
Enrollment number: \_\_\_\_\_  
Full Address of child: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Full name of mother: \_\_\_\_\_  
Full address of mother: \_\_\_\_\_  
Tribal Affiliation of mother: \_\_\_\_\_  
Full name of father: \_\_\_\_\_  
Full address of father: \_\_\_\_\_  
Tribal Affiliation of father: \_\_\_\_\_  
Full name of guardian: \_\_\_\_\_  
Full address of guardian: \_\_\_\_\_  
My relationship to this child \_\_\_\_\_  
The respondent's relationship to child: \_\_\_\_\_  
Parents of child ( ) were/are married ( ) were **NEVER** married  
Paternity determined by: **check one** ( ) court order ( ) affidavit ( ) not established  
This information is not available because: \_\_\_\_\_

4. **Mediation.** Check the box that applies (check one)

Mediation has or will be attempted

Mediation has NOT or will NOT be attempted because of the following:

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

5. **Other Court Orders.** Check the box that applies (check one)

There are no existing restraining orders, protection orders, or criminal no-contact orders regarding either party.

There are one or more existing restraining orders, protection orders, or criminal no-contact orders regarding one or more of the parties. Details include:

(a) Type(s) of Order(s):  Restraining,  protection  criminal no-contact

(b)

\_\_\_\_\_  
Name of Court Case Number Date of Court Order

\_\_\_\_\_  
Name of Court Case Number Date of Court Order

\_\_\_\_\_  
Name of Court Case Number Date of Court Order

6. **Previous Court Orders.** Regarding custody of the child(ren) (check one)

I have not been a party or a witness in any other proceeding concerning the custody or visitation with the child(ren).

I have been a party or a witness in another proceeding concerning the custody or visitation with the child(ren) as follows:

\_\_\_\_\_  
Name of Court Case Number Date of Court Order

A copy of the last known court order will be sent to the Ponca Tribal Court.

7. **Other parties.** Check the box that applies: (check one)

There are no other people other than the other parent and myself who have had physical custody of the child(ren) or claim to have custody or parenting time rights with the child(ren).

The following is a list of the names and addresses of people other than the other parent and myself who have physical custody of the child(ren) or claim to have custody or parenting time rights with the children.

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

8. **Child support.**

The respondent should be ordered to pay child support based on the following:

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

Is there an agreement for support? Check one  yes  no

If yes, please list the following: \_\_\_\_\_ amount due \_\_\_\_\_ when is this due

Additional information \_\_\_\_\_

Would you like an order based on this agreement? Check one  yes  no

Child Support (check one)

Has already been determined by \_\_\_\_\_ and has been set at \_\_\_\_\_ per month.

Should be determined by the Ponca Tribal Court.

Should be determined by the Child Support Enforcement of the State of \_\_\_\_\_.

Does not need to be determined as both parents are currently residing with the child(ren).

9. **Custody.** The Court, check ONE  does not need to determine custody  DOES need to determine custody. If custody is requested, I would like:

Sole legal and physical custody of the above-named minor child(ren)

Joint legal custody with me being the primary custodian

Joint legal custody with the other parent being the primary custodian

10. **Parenting Plan.** A parenting plan, check one:

was established by the \_\_\_\_\_ Court, case number \_\_\_\_\_

needs to be established by this Court.

11. **Visits.** I am requesting, check one:

standard schedule of alternating weekends and holidays

supervised visits because of the following: \_\_\_\_\_

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

other \_\_\_\_\_

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

12. **Emergency Temporary Orders.** I am requesting an emergency temporary order. **I will attach a separate Affidavit that will state the reasons for such a request. I understand that no emergency order will be granted without a separate notarized Affidavit.** I am requesting the following emergency order until a court hearing. I would like the emergency order to address:

custody

child support

visitation schedule

other, please specify: \_\_\_\_\_

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

13. I would like the Judge to consider the following while making a decision.

a. \_\_\_\_\_

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







IN THE PONCA TRIBAL COURT

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

MOTION TO PROCEED  
IN FORMA PAUPERIS

I, \_\_\_\_\_, being duly sworn upon by oath, say:  
(Your Name)

- 1. I am unable to pay the costs of this action.
- 2. I am a member of the Ponca Tribe of Nebraska, enrollment # \_\_\_\_\_. The Ponca Tribal Council has determined that only enrolled members of the Ponca Tribe are eligible for a waiver of filing fees.

3. My family unit consists of \_\_\_\_\_ people ( 1 Self + \_\_\_\_\_ children + \_\_\_\_\_ adults)

4. My family unit has an average gross **monthly** income of \$\_\_\_\_\_, including (check all)

- Employment \$\_\_\_\_\_  Food Stamps\$\_\_\_\_\_  Medicaid
- Child Support\$\_\_\_\_\_  SSI\$\_\_\_\_\_  TANF \$\_\_\_\_\_
- Other\_\_\_\_\_  Other \_\_\_\_\_

5. I receive no income from other sources. If I have no income and/or expenses, this is the reason why: \_\_\_\_\_  
\_\_\_\_\_

6. My family unit's average **monthly** expenses are \$\_\_\_\_\_, which include

Rent \$\_\_\_\_\_ Heating \$\_\_\_\_\_ Lights \$\_\_\_\_\_ Trash \$\_\_\_\_\_

Phone \$\_\_\_\_\_ Child Care \$\_\_\_\_\_ Food (Do not include food stamps) \$\_\_\_\_\_

Alcohol \$\_\_\_\_\_ Cigarettes \$\_\_\_\_\_ Car, insurance & gas for car \$\_\_\_\_\_

Other (explain) \$\_\_\_\_\_ Other (explain) \$\_\_\_\_\_

7. I own  no real or personal property of more than nominal value.  the following real or personal property that has more than nominal value: \_\_\_\_\_  
\_\_\_\_\_

8. I wish to add the following for consideration.  
\_\_\_\_\_  
\_\_\_\_\_

9. The phone number where I may be contacted at is \_\_\_\_\_.

10. Have you, on three or more prior occasions, brought an action or appeal in a Ponca Court that were dismissed on the grounds of being frivolous, malicious, or failing to state a claim upon which relief may be granted? ( ) Yes ( ) No

If yes, is the reason you are coming to court because you are in imminent danger of serious bodily injury? ( ) Yes ( ) No

11. I understand that a false statement or answer to any questions in this Motion may subject me to penalties of perjury.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission Expires

IN THE PONCA TRIBAL COURT

\_\_\_\_\_, )  
 )  
Plaintiff, )  
 )  
vs. )  
 )  
\_\_\_\_\_, )  
 )  
Defendant )

CASE # \_\_\_\_\_

**JURISDICTIONAL AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

COMES NOW Affiant, after being duly sworn and under penalty of perjury, and states as follows:

- 1) My name is \_\_\_\_\_.
- 2) My mailing address is \_\_\_\_\_.
- 3) My telephone number is \_\_\_\_\_.
- 4) My physical address, where I primarily reside, is \_\_\_\_\_  
located in \_\_\_\_\_ County in the state of \_\_\_\_\_.
- 5) I ( ) am a member of the \_\_\_\_\_ Tribe, my enrollment  
number is \_\_\_\_\_. This ( ) is ( ) is not a federally recognized Tribe.  
I ( ) am not a member of a Tribe.  
My child is a member of the \_\_\_\_\_ Tribe, enrollment# \_\_\_\_\_.
- 6) I understand that this information is being provided to determine if I reside within  
the territorial jurisdiction of the Ponca Tribe of Nebraska.
- 7) I understand that I am providing this information under oath and penalty of  
perjury, with legal consequences if I knowingly make a false statement in this document.

FURTHER AFFIANT SAYETH NOT

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

\_\_\_\_\_  
Affiant

SUBSCRIBED TO and sworn before me on \_\_\_\_\_.

[SEAL]

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

**PONCA TRIBAL COURT  
INSTRUCTIONS FOR VIDEOCONFERENCE AND/OR TELEPHONIC APPEARANCES**

**You may appear by videoconference or by telephone for hearings in the Ponca Tribal Court if you have received prior permission from the Court to do so, or if the hearing for which you will be appearing will not require evidence (such as testimony from witnesses, documents, or other physical evidence) to be taken. Parties at the following types of hearings may always appear by videoconference or telephonically, unless the Court orders otherwise:**

- Pretrial conferences
- Temporary hearings by affidavit (sworn written statements) only
- Status hearings
- Any other hearings where the Court has specifically allowed videoconference or telephonic appearances

**To appear by videoconference, you must go to the nearest tribal office:**

**Ponca Tribe of Nebraska Administration Building, 1800 Syracuse Avenue, Norfolk, NE 68701**

**Fred LeRoy Health and Wellness Clinic, 2602 J Street, Omaha, NE 68107**

**Ponca Tribe of Nebraska Office, 1701 E Street, Lincoln, NE 68508**

**Ponca Tribe of Nebraska Office, 125 Sixth Street, Sioux City, IA 51103**

**Ponca Tribe of Nebraska Headquarters, 2523 Woodbine Street, Niobrara, NE 68760**

You must notify the tribal office coordinator that you are there to appear for Court by videoconference. You must check in within fifteen (15) minutes of your scheduled hearing time. You will be escorted to the Videoconference room. You will be expected to stay in that room and follow the Rules of Conduct for the Ponca Tribal Court. As stated in the Rules of Conduct, "Anyone not giving the proper respect to the process of Justice may be removed from the Courtroom".

Your hearing may not happen at the scheduled time, as the Court will frequently schedule a number of hearings for the same time and take them in order. The Order of the hearings will be determined by the Tribal Court Judge and the Tribal Court Administrator and be based upon: 1. Time of Arrival of the parties. 2. Representation by counsel. 3. Nature of the Hearing. 4. Anticipated length of the hearing. 5. Any other factors that need to be considered.

**To appear by phone, you must call the Court to check in within 15 minutes of your scheduled hearing, and provide to the Court a telephone number where you can be reached when your telephonic hearing is ready to begin. The numbers to call are as follows:**

- **If the Court is being held in Norfolk: 402-371-8834**
- **If the Court is being held in Omaha: 402-734-5275**
- **If the Court is being held in Lincoln: 402-438-9222**

Your hearing may not happen at the scheduled time, as the Court will frequently schedule a number of hearings for the same time and take them in order as listed above. Thus, you should be prepared for a short delay prior to your hearing.

**If you choose, you may check-in for your telephonic hearing by e-mail to [tribalcourt@poncatribene.org](mailto:tribalcourt@poncatribene.org). This e-mail check-in must be made within 15 minutes of your scheduled hearing, and provide a telephone number where you can be reached when your hearing is ready to begin.**

**FAILURE TO APPEAR BY VIDEOCONFERENCE OR TO CALL AND CHECK IN , OR FAILURE TO ANSWER AT THE NUMBER PROVIDED AFTER THE CHECK-IN, WILL BE TREATED BY THE COURT AS A FAILURE TO APPEAR AFTER PROPER NOTICE.**

PONCA TRIBE OF NEBRASKA  
TRIBAL COURT

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_____ )	CIV _____
Petitioner's full name )	
vs )	<b>CONFIDENTIAL INFORMATION FOR CASE</b>
_____ )	
Respondent's full name )	

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**This information is confidential and shall NOT be made part of the Case File or Provided to the Public.**

NAMES	SS#	GENDER	DATE OF BIRTH
<b>Petitioner</b>			
_____	____/____/____	____	____/____/____
<b>Respondent</b>			
_____	____/____/____	____	____/____/____
<b>Minor Children</b>			
_____	____/____/____	____	____/____/____
_____	____/____/____	____	____/____/____
_____	____/____/____	____	____/____/____
_____	____/____/____	____	____/____/____

**Petitioner's**  
Full name (First, middle, last) \_\_\_\_\_

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

County of Residence: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_

Place of Birth (City and State or Foreign Country) \_\_\_\_\_

Employer (Name and Address) \_\_\_\_\_

Health insurance policy information (if provided through employer) \_\_\_\_\_

Is Petitioner of Hispanic or Latino Origin (yes or no) \_\_\_\_\_

Check all that Petitioner considers herself/himself to be

- American Indian/Alaska Native \_\_\_\_\_ Tribe
- White/Caucasian
- Black/African American
- Asian
- Native Hawaiian or other Pacific Islander

**Respondent's**

Full name (First, middle, last) \_\_\_\_\_

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

County of Residence: \_\_\_\_\_ Maiden Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_

Place of Birth (City and State or Foreign Country) \_\_\_\_\_

Employer (Name and Address) \_\_\_\_\_

Health insurance policy information (if provided through employer) \_\_\_\_\_

Is Respondent of Hispanic or Latino Origin (yes or no) \_\_\_\_\_

Check all that Respondent considers herself/himself to be

- American Indian/Alaska Native \_\_\_\_\_ Tribe
- White/Caucasian
- Black/African American
- Asian
- Native Hawaiian or other Pacific Islander