

IN THE PONCA TRIBAL COURT

IN RE THE MARRIAGE OF:

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

\_\_\_\_\_ )  
Your name - Petitioner )  
\_\_\_\_\_ )

and )

\_\_\_\_\_ )  
Name of spouse - Respondent )

PETITION FOR  
( ) Dissolution of Marriage  
( ) Legal Separation

1. Plaintiff, in support of this Petition for Divorce, 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# \_\_\_\_\_, or my spouse is a member of the \_\_\_\_\_ Tribe, enrollment # \_\_\_\_\_.

I reside within the Ponca Service area: ( ) yes ( ) no

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

2. My true and correct name is:

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

**ONLY COMPLETE IF YOU WANT THE SPOUSE TO KNOW THIS ADDRESS**

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 \_\_\_\_\_.

My place of employment is \_\_\_\_\_.

- I intend to maintain that residence until the decree is entered.
- I do not intend to maintain that residence until the decree is entered.

3. My spouse's true and correct name is:

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

My spouse's physical address is: \_\_\_\_\_  
Street number Apt number

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

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

My spouse's mailing address is: \_\_\_\_\_.

**IF I DO NOT KNOW WHERE MY SPOUSE LIVES, I WILL ATTACH A SEPARATE AFFADAVIT TO REQUEST SERVICE BY PUBLICATION.**

My spouse has lived at this residence since \_\_\_\_\_.

My spouse's place of employment is \_\_\_\_\_.

4. I affirm that the marriage is irretrievably broken.

5. We were married on or about \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ in  
the town/city of \_\_\_\_\_, County of \_\_\_\_\_,  
State of \_\_\_\_\_, and have ever since been husband and wife,  
license hereto attached.

6. We have been separated since \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_.

7. I  am a member of the Armed Forces of the United States or its allies.

am not a member of the Armed Forces of the United States or its allies.

My spouse  is a member of the Armed Forces of the U.S. or its allies.

is not a member of the Armed Forces of the U.S. or its allies.

8. Check the box that applies (check one)

There are no other pending actions for divorce, separation, or dissolution of marriage in this state or in any other state.

There is another pending action for divorce, separation, or dissolution of marriage

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

9. 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

10. My spouse and I have \_\_\_\_\_ child(ren) whose custody or welfare will be affected  
Number

by this divorce. They are: **Please attach another sheet, if necessary.**

Name of child(ren) Date of Birth Sex  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last  Male  Female

\_\_\_\_\_  
Place of birth, City and State Tribal Affiliation

\_\_\_\_\_  
Current Residence of Child – complete address including zip code

\_\_\_\_\_  
Current custodian of child

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last  Male  Female

\_\_\_\_\_  
Place of birth, City and State Tribal Affiliation

\_\_\_\_\_  
Current Residence of Child – complete address including zip code

\_\_\_\_\_  
Current custodian of child

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last  Male  Female

\_\_\_\_\_  
Place of birth, City and State Tribal Affiliation

\_\_\_\_\_  
Current Residence of Child – complete address including zip code

\_\_\_\_\_  
Current custodian of child

11. The parties of this marriage are :

Petitioner ( ) Pregnant

( ) NOT pregnant

Respondent ( ) Pregnant

( ) NOT Pregnant

**COMPLETE 12 – 17 ONLY IF THE PARTIES HAVE CHILDREN.**

12. 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

I will send a copy of the last known court order to the Ponca Tribal Court.

13. Check the box that applies: (check one)

( ) There are no other people other than my spouse 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 my spouse 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

14. 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 \_\_\_\_\_.

15. I am requesting (check one)

( ) 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 my spouse being the primary custodian

16. We (check one)

have or are willing to complete a parenting plan signed by both parties to submit to the court

are unwilling/unable to complete a parenting plan based upon the following

---

---

---

17. **ONLY IF A PARENTING PLAN IS UNABLE TO BE COMPLETED BY BOTH PARTIES**, the following visitation is requested. You may attach additional page(s).

---

---

---

18. We (Check one)

Have equitably divided the marital property and request that each to be granted what is currently in their possession.

Have the following property they request the Judge to settle and distribute equitably. Proof of the property will be required. You may attach additional page(s).

---

---

19. We (check one)

Have equitably divided any debts and request that each will be responsible for the debts currently in their name.

Have the following debts we request the Judge to settle and distribute equitably. Proof of the debts will be required. You may attach additional page(s).

<hr/> Where debt is owed to	<hr/> Amount of Debt	<hr/> Who should pay (me, spouse, split)
<hr/> Where debt is owed to	<hr/> Amount of Debt	<hr/> Who should pay (me, spouse, split)
<hr/> Where debt is owed to	<hr/> Amount of Debt	<hr/> Who should pay (me, spouse, split)

20. I request (Check one)

That I be returned to the prior name of \_\_\_\_\_

That my spouse be returned to the prior name of \_\_\_\_\_

**21. Spousal Support.** I  am  am NOT requesting spousal support.

**22. Emergency Temporary Orders.**

I am NOT requesting an Emergency Order

I am requesting an Emergency Order for the following reason:

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

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.**

**VERIFICATION**

State of \_\_\_\_\_ )  
  ) SS  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, first being sworn upon oath, depose and say  
                    Your full name  
that I am the plaintiff in the above entitled matter and I have read the foregoing Complaint and  
the facts contained herein are true and correct, under penalty of perjury.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plaintiff

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

[SEAL]

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

Send notarized form and filing fee to:  
Ponca Tribal Court  
1800 Syracuse Avenue, Norfolk, NE 68701  
402-371-8834, phone  
402-371-3238, Fax  
[tribalcourt@poncatrib-ne.org](mailto:tribalcourt@poncatrib-ne.org)