

DISSOLUTION

PLEASE READ ALL OF THE FOLLOWING BEFORE YOU FILE YOUR PLEADINGS WITH THE COURT.

This is provided to you in order to help you file the Dissolution Petition with the court. It will answer many of the most asked questions and give you a guideline to follow. Remember DO NOT ask a member of the Court Clerk Staff for legal advice: they are not allowed to give such advice because (1) they are not attorneys or advocates and (2) it would be a possible conflict of interest.

****IMPORTANT TO REMEMBER**, to be eligible to file for divorce with the Colville Tribal Court, please review the Colville Tribe Law & Order Code §5-5-101. See attached

1. A Dissolution Petition is a civil matter and is started when someone files the attached petition. The person who files the petition is called the PETITIONER. The person(s) against whom the action is filed is called the RESPONDENT.
2. When filling out this Petition for Dissolution, please make sure you fill it out **completely**. All the information is requested for a good reason. Make sure you sign the Petition in front of a Notary before filing with the court.
3. The filing fee is \$30.00. If you want it reduced/waived, you must file the Motion to Reduce/Waive filing fee which is included in this packet.
4. After filing the Petition with the court, the clerk will assign a case number.
5. Notice must be given to the Respondent of the action filed in court. You can provide service to the Respondent by Personal Service or Certified Mailing.
 - **Personal Service: a person who is not a party to this case and over the age of 18, may personally hand deliver the papers to the Respondent. This person must fill out an AFFIDAVIT OF SERVICE and file it with the court.
 - **Certified Mailing: a person who is not a party to this case and over the age of 18, may mail The papers to the Respondent by CERTIFIED MAIL. This person must then fill out and AFFIDAVIT OF SERVICE along with the return receipt and file it with the court.
 - ++Substituted Service is only allowed by court order if diligent efforts have been made to serve the Papers by one of the methods listed above. Please refer to the tribal code section 2-2-71(b)(1)(2).
6. If the Respondent wants to file an answer, please read the summons that is included in this petition packet.
7. A COPY OF ANYTHING THAT IS SENT TO THE COURT TO BE PUT IN THE FILE MUST BE SERVED ON THE OTHER PARTY, WITH PROOF OF SERVICE TO BE FILED AS SET FORTH IN #5 ABOVE.

CHECKLIST

- 1. PETITION FOR DISSOLUTION completely filled out.
- 2. NOTARIZED SIGNATURES
- 3. PARENTING PLAN completely filled out. (If parties have children)
- 4. CHILD SUPPORT WORKSHEET completely filled out.(If the parties have children)
- 5. FILING FEE of \$30.00(, money order, cashier's check)

OR

Motion to Reduce/Waive filing fee, COMPLETELY filled out.

- 6. OBTAIN CASE NUMBER FROM COURT CLERKS.
- 7. SERVE THE OTHER PARTY.(RESPONDENT)
- 8. FILE AFFIDAVIT OF SERVICE WITH THE COURT.
- 9. AFTER 20 OR 30 DAYS OF FILING AFFIDAVIT OF SERVICE, FILE MOTION TO REQUEST HEARING.

GENERAL RULES TO REMEMBER:

- 1. DO NOT ASK THE COURT CLERKS FOR LEAL ADVICE.
- 2. FILL OUT ALL BLANKS IN THE PETITION/PARENTING PLAN/CHILD SUPPORT WORKSHEET.
- 3. ANYTHING FILED WITH THE COURT NEEDS TO BE SERVED ON THE OTHER PARTY.
- 4. NO HEARINGS WILL BE SCHEDULED WITHOUT A REQUEST FOR HEARING BY ONE OF THE PARTIES. All requests for hearing must be made by filing a motion with the court and specify what type of hearing is being requested.

CTC 5-5-101 DISSOLUTION AND ANNULMENT RESIDENCY REQUIREMENT

In order to maintain an action for divorce or annulment in the Tribal Court, at least one party to the marriage must be an enrolled member of the Colville Tribes and Have lived within the territorial jurisdiction of the Tribal Court for at least three months prior to bringing the action, except that an annulment may be granted where either party lives within the jurisdiction of the Tribal Court and the marriage was performed under authority of this Chapter.

If you have any questions, please contact the Clerk's office at the Tribal Court 509/634-2500 or 1-800-440-1457. Thank You.

**IN THE COURT OF THE
COLVILLE CONFEDERATED TRIBES INDIAN RESERVATION**

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In re the Marriage of:)	Case No.: _____
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)	
)	
Petitioner,)	
Vs.)	NOTICE (SUMMONS)
)	
Respondent)	

TO THE RESPONDENT(S):

A lawsuit has been filed against you in the above-entitled court by the Petitioner indicated above. Petitioner's claim is stated in the written Petition, a copy of which is attached.

In order to defend against this lawsuit, you must answer the Petition by stating your defense in writing, and filing it with the court and serving a copy of it on the Petitioner herein within 20 days after the day you were served this Notice, exclusive of the day you were served. If you fail to do this a DEFAULT JUDGMENT may be entered against you without further notice. A default judgment is one where the Petitioner is entitled to what he or she is asking for in the Petition because you have not answered the Petition in writing. If you serve a Notice of Appearance on the Petitioner, you are entitled to notify the other party before a default judgment may be entered.

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your written answer, if any, may be served on time.

This Notice (Summons) is issued pursuant to Section 2-2-70 of the Tribal Law and Order Code.

DATED this ____ day of _____, 20____.

Petitioner's Name: _____
Address : _____

1 **IN THE COURT OF THE**
2 **CONFEDERATED TRIBES OF THE COLVILLE RESERVATION**

3
4 In re the Marriage of:

Case No.: _____

5 _____
6 Petitioner,

**PETITION FOR DISSOLUTION OF
MARRIAGE**

7 and

8 _____
Respondent.

9 **I. JURISDICTION**

10 The Colville Tribal Court has jurisdiction to hear this matter pursuant to Chapter 5-5-101
11 and 2-2-1 of the Colville Tribal Law and Order Code.

12 **II. PETITIONER**

13 Petitioner in this matter is: _____

14 Physical address: _____

15 Mailing address: _____

16 Are you a member of the Colville Confederated Tribes? YES or NO Enrollment # _____

17 Do you live on the Colville Reservation? YES or NO for how long? _____

18 Petitioner's Social Security Number is: _____

19 **III. RESPONDENT**

20 Respondent in this matter is: _____

21 Physical address: _____

22 Mailing address: _____

23 Are you a member of the Colville Confederated Tribes? YES or NO Enrollment # _____

24 Do you live on the Colville Reservation? YES or NO for how long? _____

25 Petitioner's Social Security Number is: _____

1 **IV. FACTS**

2 Petitioner and Respondent were married on the _____ (mo/dd/yr) at
3 _____, State of _____.

4 Petitioner and Respondent lived together as husband and wife until: _____.

5 Petitioner and Respondent have the following living children:

6 Name Sex DOB: SSN: Tribe Enrollment#

7 _____
8 _____
9 _____

10 Custody of the above-named child(ren) should be with Petitioner/Respondent/other.

11 Petitioner: _____

12 Respondent: _____

13 Other: _____

14 A list of the nature and extend of community property is attached as Attachment A;

15 A list of the nature and extend of separate property is attached as Attachment B;

16 An affidavit and Financial Statement of both parties is attached a Attachment C;

17 **V. RELIEF**

18 Wherefor Petitioner prays the Court for the following relief:

19 An Order Granting Dissolution of Marriage;

20 Custody of the above-named child(ren);

21 Maintenance in the amount of \$ _____ per month;

22 Child Support in the amount of \$ _____ per month;

23 Attorney's fees in the amount of \$ _____.

24 Court costs and any other actual costs the court deems reasonable and just.

25 Medical/Dental/Vision costs.

A portion of any _____.

Wife's last name resotre or changed to _____.

other SEE attachment D.

Petitioner's Signature

SUBSCRIBED AND SWORN to before me
This _____ day of _____ 20____.

Notary Public in and for the State of Washington
Residing at _____
Expires: _____

1 In Re the Marriage of: _____ vs _____

2 NATURE AND EXTENT OF COMMUNITY PROPERTY

3 (List all items acquired during the term of this marriage and approximate specific value)

4 Items: Value:

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22 ATTACHMENT A

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1 In Re the Marriage of: _____ vs _____

2 NATURE AND EXTENT OF SEPERATE PROPERTY: PETITIONER

3 (List all items and their approximate or specific value acquired and held as separate property of
4 this marriage)

5 Items: Value:

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23 ATTACHMENT B-1

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1 In Re the Marriage of: _____ vs _____

2 NATURE AND EXTENT OF SEPERATE PROPERTY: RESPONDENT

3 (List all items and their approximate or specific value acquired and held as separate property of
4 this marriage)

5	Items:	Value:
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23 ATTACHMENT B-2

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1 In Re the Marriage of: _____ vs _____

2 AFFIDAVIT OF FINANCIAL STATEMENT: PETITIONER

3 I, being duly sworn upon oath, deposes and says that:

4 I am the Petitioner in the above-entitled matter

5 The following is a statement of my financial status to the best of my knowledge, as of this
6 date:

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Items:

Value:

Petitioner's Signature

SUBSCRIBED AND SWORN to before me

This ____ day of _____, 20____

NOTARY PUBLIC in and for the State of

Washington, residing at: _____

Expires: _____

ATTACHMENT C-1

1 In Re the Marriage of: _____ vs _____

2 AFFIDAVIT OF FINANCIAL STATEMENT: RESPONDENT

3 I, being duly sworn upon oath, deposes and says that:

4 I am the Respondent in the above-entitled matter

5 The following is a statement of my financial status to the best of my knowledge, as of this

6 date:

7 Items:

8 Value:

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Respondent's Signature

SUBSCRIBED AND SWORN to before me
This ____ day of _____, 20 ____

NOTARY PUBLIC in and for the State of
Washington, residing at: _____
Expires: _____

ATTACHMENT C-2

1 In Re the Marriage of: _____ vs _____

2 ADDITIONAL RELIEF REQUESTED BY PETITIONER:

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Petitioner's Signature

SUBSCRIBED AND SWORN to before me
This ____ day of _____, 20 ____

NOTARY PUBLIC in and for the State of
Washington, residing at: _____
Expires: _____

ATTACHMENT D

**IN THE COURT OF
THE CONFEDERATED TRIBES OF THE COLVILLE RESERVATION**

IN RE THE CUSTODY OF:

DOB: _____

DOB: _____

DOB: _____

Minor Children.

Petitioner(s),

vs.

Respondent(s).

Case No: CV- _____

PARENTING PLAN

- PROPOSED**
 TEMPORARY
 FINAL

1. This parenting plan is (check one):

- Proposed by (name/s): _____
and is not an order of the court.
- Signed by a judge and is a court order. This order is (check one):
- Temporary.*
- Final.* The court signed an order approving a final parenting plan on (date): _____.
- Modified.* The court signed an order changing the last final parenting plan on (date): _____.

2. Children - This parenting plan is for the following children:

Child's name	Age	Child's name	Age
1.		4.	
2.		5.	
3.		6.	

3. Limitations on a Parent (CTC §§ 5-1-126, 5-5-76-78)

The court can, and sometimes must, limit parenting time and decision-making about the children, as well as participation in any dispute resolution process if there has been abandonment, abuse, domestic violence, sex offense conviction, neglect, serious behavior or physical problems, drug or

alcohol problems, lack of emotional ties, abusive use of conflict, withholding of the child from the other parent, or other serious issues that may endanger the children's physical, mental, or emotional health or otherwise would not be in the best interest of the children.

- These problems don't apply. (Skip to part 4 below.)
- These problems do apply. (Mark the problems in part 3.1 below, and attach a separate sheet of paper detailing the problems.)

Which parent has some of these problems? (Name): _____

3.1. Reasons for limitations on that parent (Check all that apply):

- A. **Abandonment, abuse, domestic violence, or sex offense.** If a parent has any of these problems, the court **must** limit that parent's contact with the child and decision-making. Describe the problems (check all that apply):
- That parent intentionally abandoned a child named listed in part 2 for an extended time.
 - That parent substantially refused to perform his/her parenting duties for a child listed in 2.
 - That parent (or someone living in that parent's home) abused or threatened to abuse a child. The abuse was (check all that apply):
 physical sexual repeated emotional abuse.
 - That parent (or someone living in that parent's home) has a history of domestic violence as defined in CTC 5-5-3(d)*, or has assaulted someone causing serious physical harm or fear of such harm. (This includes sexual assault.)
 - That parent has been convicted of a sex offense as an adult.
 - Someone living in that parent's home has been convicted or adjudicated of a sex offense either as an adult or a juvenile.
- B. **Other serious problems** that may harm the children's best interests. If a parent has any of these problems, the court **may** limit that parent's contact with the child and decision-making. Describe the problems (check all that apply):

That parent:

- Neglected his/her parental duties towards a child listed in 2.
- Has a long-term emotional or physical problem that interferes with his/her ability to parent.

* "Domestic Violence" means the occurrence of one or more of the following acts by a family or household member, but does not include acts of self-defense or culturally appropriate discipline of a child:

- (1) Attempting to cause or causing physical, mental or emotional harm to another family or household member;
- (2) Placing a family or household member in reasonable fear of physical harm to him or herself or another family or household member. This fear may be produced by behavior which induces fear in the victim, including, but not limited to, harassment, stalking, destruction of property, or physical harm or threat of harm to household pets;
- (3) Causing a family or household member to engage involuntarily in sexual activity, which includes, but not limited to, through coercion, intoxication, force, threat of force, or duress; or
- (4) Attempting to commit or committing any criminal offense under Colville Tribal law against another family or household member.

- Has a long-term problem with drugs, alcohol, or other substances that interferes with his/her ability to parent.
- Has few or no emotional ties with a child listed in part 2.
- Uses conflict in a way that endangers or damages the psychological development of a child listed in part 2.
- Has kept the other parent away from a child named in part 2 for a long time, without a good reason.
- Other (*specify*): _____

3.2. Limitations on that parent (*check all that apply*):

- No contact with children
- Limited contact (*specify*): _____

- Supervised contact. The supervisor shall be:
 - a professional supervisor (*name*): _____
 to be paid by (*name*): _____
 - a non-professional supervisor (*name*): _____
 - determined by the court.
- The dates and times of supervised contact shall be:
 - as shown in parts 6–9 below as arranged by the supervisor
 - as follows (*specify*): _____

- Contact is conditioned on starting and staying in treatment or completion of treatment as follows: _____

- Other limitations (*specify*): _____

- No limitations (*explain why there are no limitations despite the problems checked above*): _____

4. Decision-Making— Who can make decisions about the children?

When the children are with you, you are responsible for them. You can make day-to-day decisions for the children when they are with you, including decisions about safety and emergency health care.

4.1. Major decisions. Who makes important decisions affecting the children about:

- | | | |
|-----------------------------------|--|--------------------------------|
| School / Educational | <input type="checkbox"/> (Name): _____ | <input type="checkbox"/> Joint |
| Health care (not emergency) | <input type="checkbox"/> (Name): _____ | <input type="checkbox"/> Joint |
| Religion and religious activities | <input type="checkbox"/> (Name): _____ | <input type="checkbox"/> Joint |
| Other (specify): _____ | <input type="checkbox"/> (Name): _____ | <input type="checkbox"/> Joint |
| Other (specify): _____ | <input type="checkbox"/> (Name): _____ | <input type="checkbox"/> Joint |

4.2. Reasons for limits on decision-making, if any.

- There are no limits on decision-making.
- The reason only one parent should make major decisions is (check all that apply):
 - One of the parents has serious problems as described in 3.1.A above.
 - Both parents are against shared decision-making.
 - One of the parents does not want to share decision-making because the other parent:
 - has serious problems as described in 3.1.B. above,
 - has not shared in decision-making in the past,
 - has not shown he/she can cooperate with decision-making, or
 - lives far away, making it hard to make decisions together.

5. Dispute Resolution – If you and the other parent disagree

From time to time, the parents may have disagreements about shared decisions or about what parts of this parenting plan mean.

5.1. To solve disagreements, the parents will go to (check one):

- Mediation (mediator or agency name): _____
NOTE: If there are domestic violence issues, you may only use mediation if (1) the victim asks for mediation, (2) the mediator is certified and trained in domestic violence in a specialized manner intended to protect the safety of the victim; and (3) the victim can bring a support person to mediation. CTC § 5-5-72.
- Arbitration (arbitrator or agency name): _____
- Counseling (counselor or agency name): _____
- Court (without **first** having to go to mediation, arbitration, or counseling).
(If you check this box, skip 5.2. and go to 6.)

5.2. If mediation, arbitration, or counseling is required, one parent must notify the other parent by (check one):

- certified mail
- other (specify): _____

The parents will pay for the mediation, arbitration, or counseling services as follows (check one):

- (Name): _____ will pay ____%,
(Name): _____ will pay ____%.

- Based on the parents' relative income listed on line 6 of the *Child Support Worksheet*.
- The mediator, arbiter, or counselor will decide.

What to expect at mediation, arbitration, or counseling

- Unless there is an emergency, you must use the service checked in 5.1 before going to court.
- If your disagreement is about money or support, you may go straight to court without first using the service checked in 5.1.
- If you do not cooperate at mediation, arbitration, or counseling without a good reason, the court can fine you and order you to pay the other parent's legal fees or other costs.
- If you reach an agreement, it must be put into writing and both parents must get a copy.
- In mediation, arbitration, or counseling, preference shall be given to carrying out, and not changing, the parenting plan.
- If mediation, arbitration, or counseling doesn't solve the disagreement, you may go back to court. You can ask the court to clarify or change the parenting plan, or bring the other parent to court for not following the plan (called *Contempt*).

PARENTING SCHEDULES

(Residential Provisions)

- Check here if the Parenting Schedules do not apply because one parent has **no** parenting time with the children **except** as stated in 3.2. The children will live with (*name*): _____ at all times **except** as stated in 3.2. (*Skip to 11*)

6. School Schedules

6.1. Children under School-Age

- Does not apply. All children are school age.
- The schedule for children under school-age is the same as for school-age children.
- Children under school-age will live with (*name*): _____ except when they are scheduled to be with the other parent.

The other parent's parenting schedule is (*check all that apply*):

- WEEKENDS: every week every other week other (*specify*): _____
 from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.
 from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

- WEEKDAYS: every week every other week other (*specify*): _____
 from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.
 from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

- OTHER (*specify*): _____

6.2.School-Age Children

This schedule will apply when (*check one*): the youngest child the oldest child

each child begins:

(*check one*): Kindergarten 1st grade Other: _____

The children will live with (*name*): _____ except when they are scheduled to be with the other parent.

The other parent's parenting schedule is (*check all that apply*):

WEEKENDS: every week every other week other (*specify*): _____

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

WEEKDAYS: every week every other week other (*specify*): _____

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

OTHER (*specify*): _____

7. Summer Schedule

The Summer Schedule is the same as the School Schedules. (*Skip to 8.*)

The Summer Schedule will not apply until the summer before:

(*check one*): the youngest child the oldest child each child

begins (*check one*): Kindergarten 1st grade Other: _____

The Summer Schedule is the same as the School Schedules except that each parent shall spend _____ weeks of uninterrupted vacation time with the children each summer. The parents shall confirm their vacation schedules in writing by the end of (*date*) _____ each year. (*Skip to 8.*)

The Summer Schedule is different from the School Schedules. During the summer the children will live with (*name*): _____ except when they are with the other parent.

The other parent's parenting schedule is (*check all that apply*):

WEEKENDS: every week every other week other (*specify*): _____

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

WEEKDAYS: every week every other week other (*specify*): _____

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

from (day) _____ at ____:____.m. to (day) _____ at ____:____.m.

OTHER (specify): _____

8. Holiday Schedule (includes school breaks)

The Holiday Schedule is the same as the School Schedules in 6 for all holidays and school breaks.
 (Skip to 9.)

This is the Holiday Schedule for all children school-age children only:

Holiday	With (name):	With (name):
Martin Luther King Jr. Day	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Other Plan: _____	
Presidents' Day	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Other Plan: _____	
Mid-winter Break	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr. <input type="checkbox"/> 1 st half of school Mid-winter Break	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr. <input type="checkbox"/> 2 nd half of school Mid-winter Break
	<input type="checkbox"/> Other Plan: _____	
Spring Break	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr. <input type="checkbox"/> 1 st half of school Spring Break	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr. <input type="checkbox"/> 2 nd half of school Spring Break
	<input type="checkbox"/> Other Plan: _____	
Easter / Passover / Ramadan	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Other Plan: _____	
Mother's Day	<input type="checkbox"/> Children shall spend every Mother's Day with Mother from 9 a.m. to 6 p.m. <input type="checkbox"/> Other Plan: _____	

Holiday	With (name):	With (name):
Memorial Day Weekend	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Other Plan: _____	
Father's Day	<input type="checkbox"/> Children shall spend every Father's Day with Father from 9 a.m. to 6 p.m. <input type="checkbox"/> Other Plan: _____	
Fourth of July	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Follow the Summer Schedule in 7. <input type="checkbox"/> Other Plan: _____	
Labor Day Weekend	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Other Plan: _____	
Thanksgiving Day/Break	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Other Plan: _____ _____ _____	
Winter Break	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Other Plan: _____ _____ _____ _____	

Holiday	With (name):	With (name):
Christmas	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Follow the Winter Break schedule above. <input type="checkbox"/> Other Plan: _____ 	
New Year's Eve/ New Year's Day <i>(odd/even is based on New Year's Day)</i>	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Follow the Winter Break schedule above. <input type="checkbox"/> Other Plan: _____ 	
Children's Birthdays	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Other Plan: _____ 	
All three-day weekends not listed elsewhere	(Federal holidays, school in-service days, etc.)	
	<input type="checkbox"/> The children shall spend any unspecified holiday or non-school day with the parent who has them for the attached weekend. <input type="checkbox"/> Other Plan: _____ 	
Other holiday important to the family: _____	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.	Begin day/time: _____ End day/time: _____ <input type="checkbox"/> Odd Yrs. <input type="checkbox"/> Even Yrs. <input type="checkbox"/> Every Yr.
	<input type="checkbox"/> Other Plan: _____ 	

9. Third-Party Visitation Rights (CTC § 5-1-126)

The following people have the right to visit with the children unless the Court finds that it would not be in the best interest of the Child(ren): _____

Visitation shall take place at the following date/time/location: _____

10. Conflicts in Scheduling

Sometimes holiday time may conflict with time set aside for the other parent. When this happens, the holiday time shall be observed over all other schedules. If there are conflicts within the Holiday Schedule (check all that apply):

- Named holidays shall be followed before school breaks.
- Child's birthdays shall be followed before named holidays and school breaks.
- Other (specify): _____

11. Transportation Arrangements (check one):

- When one parent's parenting time ends, the other parent will pick up the children at (specify location): _____
- When one parent's parenting time ends, that same parent will take the children to the other parent at (specify location): _____
- Other (specify): _____

12. Custodian

The Child(ren) named in this Parenting Plan are scheduled to reside the majority of the time with (name) _____. This party is designated the custodian of the Child(ren) for the purposes of state and federal laws which requires the designation or a determination of a custodian. Both parents have parenting rights and responsibilities as described in this document, even though one parent is called the custodian.

13. Trust Monies & IRS Exemptions

The Child(ren)'s half-shares from per-capitas, claims, and other monies should be:

- placed in the Child(ren)'s Individual Indian Monies (IIM) account, or
- received by (name) _____

The IRS Exemptions for the Child(ren) should be:

- received by (name) _____
- alternate between the parents every year

14. Other (list anything that is not contained in this parenting plan that you think should be)

15. Moving with the Children

If the custodian plans to move, he or she **must notify** every person who has court-ordered time with the children. Notice may be made by either by a letter providing the other parties the custodian's new address and the date of the intended move, or by a motion and affidavit requesting a modification to parenting plan. Notice must be served on the other parties at least 30 days prior to the move unless the party show good cause.

A person who has court-ordered time with the child can object to a move affecting the ability of the parties to fulfill this Parenting Plan and to any proposed changes to the parenting plan.

An objection is made by filing a Motion and Affidavit and serving a copy on the custodian and any other people who have court-ordered time with the child. Service of the *Notice to Move, Petition to Modify the Parenting Plan*, and any *Objection* must be by personal service or by mailing a copy to each person by any form of mail that requires return receipt.

16. Proposal

Does not apply. This is a court order.

This is a **proposed** parenting plan. (*The person proposing the plan must read and sign below.*)

I declare under penalty of perjury under the laws of the Colville Confederated Tribes that this plan was proposed in good faith and that the information in part 3 is true.

▶ _____
Parent proposing plan signs here

Signed at (*city, state, and date*)

▶ _____
Parent proposing plan signs here

Signed at (*city, state, and date*)

COURT ORDER

*This box for Court use only.
Parties do not fill out anything in this box.*

I. FINDINGS OF FACT

Based on the pleadings or evidence considered:

The Court adopts as findings the limitations described in paragraph 3; makes the following findings regarding limitations on parenting time and decision making about the children: _____

The Court makes additional findings, which are:
 contained in an order or findings of fact entered at the same time as this parenting plan.
 attached as Exhibit A and incorporated into this parenting plan.
 other: _____

II. CONCLUSIONS OF LAW

This parenting plan is in the best interest of the children. CTC § 5-1-121.
 Other: _____

III. ORDER

The parties shall follow the terms of the parenting plan as set out above.
 The Child(ren)'s claims, per-capitas, and other trust monies, are awarded as follows: _____

 The IRS tax exemptions shall be awarded as follows: _____

The Court also *Orders*: _____

▶ _____
Colville Tribal Court Judge _____
Date

If this is a court order, Petitioner and Respondent or their spokesman sign below.

This order (*check all that apply*):

- is an agreement of the parties.
- is presented by me.
- may be signed by the court without notice to me.

This order (*check all that apply*):

- is an agreement of the parties.
- is presented by me.
- may be signed by the court without notice to me.

▶ _____
Petitioner signs here or spokesman signs here

▶ _____
Respondent signs here or spokesman signs here

Print Name

Date

Print Name

Date

WARNING!

Violation of this order may subject a violator to arrest, jail time, and/or a fine.

If this order is signed by the Court, you *must* obey it. Violation of residential provisions of this Order, or any other order of the Court, with actual knowledge of its terms is punishable by contempt of court and may be a criminal offense under CTC § 3-1-123.

1 IN THE COURT OF THE
 2 CONFEDERATED TRIBES OF
 3 THE COLVILLE RESERVATION

4 _____
 Petitioner,
 5
 vs.
 6 _____
 Respondent.

CASE NO. _____
 MOTION AND AFFIDAVIT FOR AN
 ORDER REDUCING/WAIVING
 FILING FEE AND ORDER

8 The above-named Petitioner moves the court for reduction/waiver of the filing fee herein
 based on the following affidavit.

9 State of Washington _____ } ss.
 10 County of _____ }

- 11 _____, swears and affirms that:
 12 1. _____
 2. My address is _____
 3. My phone number is _____ and the hours that I can be reached there are
 13 _____ () Message phone: _____
 4. My date of birth is _____
 14 5. My social security number is _____
 6. The following are the current monthly sources of income for the household where I lived:

TYPE OF INCOME	Self	Spouse/Respondent	other adults
17 Employment	\$	\$	\$
18 Unemployment	\$	\$	\$
19 Social Security Income	\$	\$	\$
20 Pensions	\$	\$	\$
21 VA Benefits	\$	\$	\$
22 Child Support/Alimony	\$	\$	\$
23 AFCD/TANF	\$	\$	\$
24 Other	\$	\$	\$
25 Totals	\$	\$	\$

26 7. There are _____ people in my household. Of those people, _____ are my dependents and of
 27 those dependents, _____ are minors.

1 I have the following monthly expenses and bills:

2 A. Medical: \$	B. Child Care: \$
3 C. Transportation: \$	D. Job expenses: \$
4 E. Fixed Debts \$	F. Unpaid taxes: \$

5 G. Other (please state what they are and how much each is):

6 _____ \$

7 _____ \$

8 TOTAL: \$ _____

9 9. That I am not able to pay the full amount of the \$30.00 filing fee because: _____

10 10. That if the Court reduces the amount of the filing fee, I feel I would be able to pay \$ _____

11 instead of the full \$30.00.

12
13 Signature of the Petitioner (Must be signed before a
14 Court official or Notary Public)

15 Signed and sworn to before me this _____ day of _____, 20 _____.

16 _____
17 () Notary () Judge () Clerk

18 ORDER

19 This matter came before the Court upon a Motion to Reduce or Waive the Filing Fee filed by
20 the Petitioner in this matter. The Court, after reviewing the record and applicable law in this matter,
21 makes the following determination:

22 It is hereby ORDERED, ADJUDGED and DECREED that the filing fee in this matter is

23 [] waived

24 [] reduced to \$ _____

25 [] shall be paid in full before the case will be processed.

26 Date this _____ day of _____, 20 _____

27 _____
28 Judge

Instructions for Completing Certificate of Dissolution, Declaration of Invalidity, or Legal Separation

Complete information for each item is highly valuable for registering and locating certificates and for providing the appropriate facts for legal matters and statistical purposes.

1. Items 1-4 are completed by the Clerk of the Court.
2. Items 5-30 are completed by the attorney or petitioner PRO SE.
3. All items must be completed

On or before the tenth day of each month, the Clerk of the Court shall forward to the State Registrar of Vital Statistics, the Certificate of each Decree of Divorce, Dissolution of Marriage, Annulment or Separate Maintenance granted during the proceeding month. RCW 26.09.150

DOH/CHS 006 Rev 6/2003



Certificate of Dissolution Declaration of Invalidity of Marriage or Legal Separation

Please Type or Print in Permanent Black Ink

Court File Number		State File Number	
Decree <small>I certify the marriage of the persons named below was covered by:</small>			
1. <input type="checkbox"/> Legal Separation <input type="checkbox"/> Dissolution of Marriage		2. Date of Decree (Month/Day/4 Digit Year)	3. County of Decree
<input type="checkbox"/> Declaration of Invalidity		/ /	
4. Signature of Superior Court Clerk			
X			
To be Completed by Petitioner's Attorney or PRO SE			
Husband			
5. Name		6. Date of Birth	7. Birth State (If not USA give Country)
First	Middle	Last	Month / Day / 4 Digit Year
8. Current Residence (Number and Street)	9. City/Town/Location	10. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	11. County
			12. State
Wife			
13. Name		14. Maiden Name	15. Date of Birth
First	Middle	Last	Month / Day / 4 Digit Year
17. Current Residence (Number and Street)	18. City/Town/Location	19. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	20. County
			21. State
22. Place of this Marriage - County	23. State (If not USA give Country)	24. Date of this Marriage	25. Number of Children Born alive of this Marriage
		Month / Day / 4 Digit Year	
26. Petitioner <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify)		27. Name of Petitioner's Attorney or PRO SE	
28. Petitioner's Address			

Colville Tribal Court
P.O. Box 150
Nespelem, WA 99155
PH: 509-634-2500
Fx: 509-634-2511

1 IN THE COLVILLE TRIBAL COURT OF
2 THE COLVILLE CONFEDERATED TRIBES
3 OF THE COLVILLE INDIAN RESERVATION

3 In RE the Marriage of:)
4)
5 Husband,)
6)
7 Wife.)

Case No. _____

**ACKNOWLEDGEMENT OF PETITION
and WAIVER OF NOTICE**

9 I, _____, Respondent in the above-entitled matter,
10 do acknowledge:

- 11 1. That I received a copy of the Petition for Dissolution of Marriage;
- 12 2. That I have read the same and concur with Petitioner's request for relief; and
- 13 3. That I waie notice of any further proceedings in this matter.

14 DATED: this ____ day of _____, 20____.

15 _____
Respondent's Signature

16 SUBSCRIBED AND SWORN TO before me
17 this ____ day of _____, 20____

18 NOTARY PUBLIC, in and for the State of
19 Washington, residing at: _____
20 Expire: _____

21
22
23
24
25
26 Colville Tribal Court
27 P.O. Box 150
28 Nespelem, WA 99155
PH: 509-634-2500
Fax: 509-634-2511

**IN THE COURT OF
THE CONFEDERATED TRIBES OF THE COLVILLE RESERVATION**

Plaintiff(s)/Petitioner(s),

vs.

Defendant(s)/Respondent(s).

Case No: _____

**CERTIFICATE OF SERVICE/
ATTEMPTED SERVICE**

I, (name): _____, hereby certify upon penalty of perjury:

1. I am age 18 or older and am not party to this case.
2. I served court documents for this case to (name): _____.
3. I served/attempted to serve the following documents: (check all that apply, if checking "other" give the title of the document)

<input type="checkbox"/> Petition/Complaint _____		
<input type="checkbox"/> Summons	<input type="checkbox"/> Answer	<input type="checkbox"/> Motion & Affidavit for TRO
<input type="checkbox"/> Motion & Affidavit for Fee Reduction/Waiver	<input type="checkbox"/> Order to Show Cause _____	<input type="checkbox"/> Motion & Affidavit _____
<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Parenting Plan	<input type="checkbox"/> Child Support
<input type="checkbox"/> Temporary Order	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

4. I successfully gave the documents to the person listed in 2 by:
 - I personally gave the documents to him/her
 - I personally gave the documents to (name): _____, a person believed to be age 18 or older and of suitable discretion, who lives at the same address as the person listed in 2.
 - I personally mailed the documents by certified mail, return receipt requested, to the last known address listed below. The return receipt is attached to this Certificate of Service.
- I personally served/mailed the documents on _____ at _____ am/pm.
- I personally served the documents at/mailed the documents to the following address: _____

5. I was unable to successfully give the documents to the person listed in 2. I attempted serve to him/her on the following dates and locations: (list each date and place you attempted service, you may attach another sheet of paper if needed)

Date	Location	Additional Information

6. I further certify that I have examined the statements made in this document and that the facts contained in it are true and correct to the best of my knowledge.

Signed at (city and state) _____ Date _____

 Signature of server

 Print or type name of server