



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

**INSTRUCTIONS FOR FILING FOR EMANCIPATION
Siletz Juvenile Code Part VI – Emancipation**

Court Address
P.O. Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228
(541) 444-8270 Fax

IMPORTANT!

Fill out the Information sheet, Petition, and file completed petition, required documents and the filing fee in Tribal Court.

All necessary documents must be filed with the Petition.
For complete instructions, refer to the Siletz Juvenile Code §8.040 Requirements for Emancipation.
The Ordinance can be found at www.ctsi.nsn.us.

If you have any questions regarding filing, contact Tribal Court at (541) 444-8228 or (800) 922-1399 ext. 1228.

Mail: Siletz Tribal Court
PO Box 549
Siletz OR 97380

Physical Address: 201 SE Swan Ave
Siletz OR 97380



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
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OREGON**

**COURT INFORMATION SHEET
EMANCIPATION**

Court Address
P.O.Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228
(541) 444-8270 Fax

Name: _____
Last Middle Initial First DOB

Telephone Number (_____) _____

Address: _____

Mailing Address (if different than above) _____

Name of Mother: _____

Mailing Address: _____

Telephone Number (_____) _____

Name of Father: _____

Mailing Address: _____

Telephone Number (_____) _____

Please check all statements that apply to you:

I would like to file a petition for hearing in Siletz Tribal Court. (See attached petition)

I would like to file a petition for another person. The person I would like to represent or on whose behalf a petition might be filed is _____

I am a member of the Confederated Tribes of Siletz Indians of Oregon
Roll # _____.

I am not a member of the Confederated Tribes of Siletz Indians of Oregon, and hereby submit to the jurisdiction of the Siletz Tribal Court.

I have read the Ordinance pertaining to Emancipation.

I declare that the above statements are true and made in good faith.

Applicant

Date ___/___/___



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

EMANCIPATION PETITION

CASE NO.

Court Address
P.O. Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228
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Petitioner name, address, and telephone no.

IN THE MATTER OF _____

(Please print or type answers to the following question on the blank petition form provided; if you need additional space, you may attach separate page(s):

Name, age, and address:

Name and address of each living parent:

_____	_____
_____	_____
_____	_____
_____	_____

Name and address of minor's guardian or custodian, if any:

_____	_____
_____	_____
_____	_____
_____	_____

Reasons why emancipation would be in the best interests of the minor:

Purpose for which emancipation is sought

Signature of Petitioner _____

Note: If parent or parents will not be present in Court, a notarized statement from each parent consenting to emancipation is needed. (If a parent's whereabouts is unknown, the Court may waive this requirement.)



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

**CONSENT TO JURISDICTION OF THE
SILETZ TRIBAL COURT**

CASE NO.

Court Address
P.O.Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228
(541) 444-8270 Fax

State of Oregon)
)
County of _____)
_____)

ss

I, _____, mother/guardian to the minor, _____,
consent to the jurisdiction of the Siletz Tribal Court for the purpose of emancipation.

Signature of Affiant

Date

Subscribed to and sworn to before me this _____ day of _____, 20__.

Notary Public for State of Oregon

My Commission Expires



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
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OREGON**

**CONSENT TO JURISDICTION OF THE
SILETZ TRIBAL COURT**

CASE NO.

Court Address
P.O.Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228
(541) 444-8270 Fax

State of Oregon)
)
County of _____)
_____)

 ss

I, _____, father/guardian to the minor, _____,
consent to the jurisdiction of the Siletz Tribal Court for the purpose of emancipation.

Signature of Affiant

Date

Subscribed to and sworn to before me this _____ day of _____, 20__.

Notary Public for State of Oregon

My Commission Expires



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

AFFIDAVIT OF ITEMIZED INFORMATION SHEET

Court Address
P.O.Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228

The following is additional information required to complete the emancipation packet:

Copy of diploma or GED certificate

Copy of last three pay stubs

Itemized list of expenses with receipts for the last two months:

- | | | |
|-----|---|-------|
| 1. | Rent/Home payment | _____ |
| 2. | Property tax (estimate monthly payment) | _____ |
| 3. | Home Insurance | _____ |
| 4. | Home maintenance | _____ |
| 5. | Monthly installment payments on furniture, etc. | _____ |
| 6. | Utility bills: (electric, water, garbage, cable, phone) | _____ |
| 7. | Car payment | _____ |
| 8. | Car insurance | _____ |
| 9. | Car maintenance (repairs, gas, oil) | _____ |
| 10. | Health Insurance | _____ |
| 11. | Medication | _____ |
| 12. | Doctor bills not covered by insurance | _____ |
| 13. | Veterinary bills | _____ |
| 14. | Animal food and care expense | _____ |
| 15. | Day Care Cost | _____ |
| 16. | Monthly Family Food Cost (estimate) | _____ |
| 17. | Personal loans (must include documentation) | _____ |

Note: If you have any other outgoing bills that have not been listed here, add them to this list.

SUMMARY OF EXPENSES/INCOME

Total expenses:	_____
Total income:	_____
Discretionary income:	_____

State of _____)
)
 County of _____) ss.

I, _____, being first sworn on oath depose and say that I am the Petitioner for the emancipation in this case; I prepared the petition, know its contents, and I believe it to be true.

Signature of Petitioner Age

Subscribed and sworn to before me this _____ day of _____, 20____.
Notary Public for the State of Oregon

Notary Signature
My Commission expires: _____