

IN THE TRIBAL COURT OF THE PRAIRIE ISLAND  
MDEWAKANTON DAKOTA COMMUNITY

PRAIRIE ISLAND INDIAN RESERVATION

STATE OF MINNESOTA

\_\_\_\_\_  
Petitioner #1

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Petitioner #2

**PETITION FOR RESTRICTION  
ON PER CAPITA DISTRIBUTIONS**

vs

\_\_\_\_\_  
Respondent

**Failure to provide the Petitioner's and Respondent's  
complete information WILL delay the filing of this petition.**

**The Filing Fee is \$285**

**Petitioner #1**

Name: \_\_\_\_\_

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

City, State, and Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

**Petitioner #2**

Name: \_\_\_\_\_

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

City, State, and Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Respondent: \_\_\_\_\_

**Respondent**

Name: \_\_\_\_\_

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

City, State, and Zip code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**IN THE TRIBAL COURT OF THE PRAIRIE ISLAND  
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**PRAIRIE ISLAND INDIAN RESERVATION**

**STATE OF MINNESOTA**

Now come the **Petitioners** in this case and petition this Court for an Order restricting the Per Capita Benefits of the above-referenced Community member and placing those benefits into a conservatorship account managed for them, pursuant to the authority granted this Court under the Community's Judicial Code, and Section 107.G of the Community's Gaming Revenue Allocation Ordinance, Revised 8<sup>th</sup>. In support of this petition your Petitioners allege as follows:

1. That this petition is filed regarding \_\_\_\_\_, who is a Prairie Island Indian Community member with a date of birth of \_\_\_\_\_, and whose current address is: \_\_\_\_\_  
\_\_\_\_\_.
  
2. That your Petitioners are Community members who are related to the Community member this petition is filed regarding in that they are blood relatives or related by marriage to the Community member. The names and addresses of your Petitioners are above.
  
3. That the Community member referenced above is a vulnerable adult for the following reasons: (PLEASE DESCRIBE IN DETAIL WHY YOU FEEL THE PERSON IS IN NEED OF A PER CAPITA RESTRICTION)
  
4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

