



## SAN JUAN SOUTHERN PAIUTE TRIBAL COURT

Mailing – Attn: Kalka  
7760 E. State Rd 69, Ste C5-224  
Prescott Valley, AZ 86314

Physical – Admin Office  
50 S. Main Street, Ste #102  
Tuba City, AZ 86045



Ph (928) 326-2955

[tribalcourt@sanjuanpaiute-nsn.gov](mailto:tribalcourt@sanjuanpaiute-nsn.gov)

Fax (888) 428-3990

### **INSTRUCTIONS:**

#### **REQUEST FOR SPECIAL NEEDS DISTRIBUTION FROM MINOR'S TRUST**

**Purpose:** This form is used to request a Special Needs Distribution from a Minor's Trust Fund.

**Tribal Ordinance: § 303 Trust Fund for Minors and Legally Incompetent Tribal Members**

*B. Health, Education and Welfare Distributions on behalf of Minor Tribal Members. Funds held in trust on behalf of a Minor Tribal Member may be available prior to the general distribution date(s) set forth below for the beneficiary's health, education, and welfare; provided that there is a finding of special need by the Tribal Court. In order to request such funds, the following provisions apply:*

- 1. A written request must be made to the Tribal Court by the beneficiary's parent or legal guardian detailing the purpose and need for such funds.*
- 2. The parent or legal guardian shall maintain records and account to the Tribal Court and Trust Administrator in sufficient detail to demonstrate that the funds disbursed were expended as required by this Chapter and any other applicable federal law.*
- 3. Any other standards, rules, procedures, and conditions that may be adopted by the Tribal Council consistent with any applicable federal law shall be met.*
- 4. The Tribal Court shall have final discretion for the approval of early distributions hereunder.*

**How:** A parent or legal guardian (Petitioner) will need to fill out the attached Request for Special Needs Distribution from Minor's Trust form and read and comply with the following before the Request will be reviewed:

1. If the Petitioner is not a parent or legal guardian of the Child, a Request cannot be made until they have obtained legal custody or guardianship.
2. If the Petitioner is a parent of the Child, note that **both** parents must sign the completed form.
3. If the parents are divorced or separated, a copy of the most recent custody order must be provided.
4. If the Petitioner is the legal guardian of the Child, they must provide the court order or authorization that granted legal custody of the Child.
  - a. Example: Indian Custodian/Caregiver, Temporary Guardianship Order
5. A certified copy of the Child's Birth Certificate must be Mailed to the Court (it will be returned after the Court has processed it).
6. If possible, provide proof (such as an estimate, advertisement, etc.) of the cost

of what is being requested.

a. Example: Estimate of cost for braces

7. You MUST complete a valid Consent to Electronic Service to communicate with the Court by email otherwise your documents and communications will be by regular first-class mail.

\*NOTE: Receipts will be required for amount withdrawn.

8. After the Response form is completed, it must be notarized by a Notary Public and sent to the Court Clerk via one of the following:

1. E-mail: [tribalcourt@sanjuanpaiute-nsn.gov](mailto:tribalcourt@sanjuanpaiute-nsn.gov)

2. Fax: (888) 428-3990

3. Mail:

Attn – Kalka

7760 E State Rt 69, Ste C5-224, Prescott Valley, AZ 86314

4. Tribal Administration Office:

67 NW Maple St, Tuba City, AZ 86045

Scan at the Tribal Admin office using the Self-Help Scanning Station and it will be sent directly to the Court Clerk.

5. Tribal Court Website: Upload to the Tribal Court's website from any computer with internet access, click 'Secure File Upload' and follow the directions from there: <https://www.sanjuanpaiute-nsn.gov/departments/tribal-court#forms>

**DO NOT SUBMIT THESE INSTRUCTIONS WITH YOUR FORMS.**

**\*Note: The form must be submitted to the Court completely filled out – If it is submitted with partial or missing information it may be returned to the Petitioner and delay the case\***



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Court Use Only

CASE NO.

### REQUEST FOR SPECIAL NEEDS DISTRIBUTION FROM MINOR'S TRUST

In RE: \_\_\_\_\_, a child of the San Juan Southern Paiute Tribe,  
(Child's Full Name)

I am requesting the following Request for a Special Needs Distribution from this Child's trust and on behalf of this Child:

1. Child's Information

- a. Date of Birth: \_\_\_\_\_
- b. Tribal Enrollment Number: \_\_\_\_\_
- c. Address where Child resides: \_\_\_\_\_  
Address, City and State
- d. Does the Child have a legal guardian?
  - ☐ Yes (If yes, attach a copy of the Letters of Guardianship and fill out the following)
    - i. Date of Guardianship order: \_\_\_\_\_
    - ii. Court name and location: \_\_\_\_\_
    - iii. Case Number: \_\_\_\_\_
  - ☐ No
- e. Is the Child the subject of a dependency case in any Court?
  - ☐ Yes (If yes, fill out the following)
    - i. Juvenile Case Number: \_\_\_\_\_
    - ii. County: \_\_\_\_\_
  - ☐ No

f. Birth Parents:

i. Mother

1. Full Name: \_\_\_\_\_

2. Is the Mother alive?

☐ Yes (*If yes, list last known address below*):

\_\_\_\_\_  
Address, City and State

☐ No

3. Tribal Affiliation:

☐ A San Juan Southern Paiute Tribal Member

☐ A member of another federally recognized tribe:

\_\_\_\_\_  
☐ The San Juan Southern Paiute Tribe

☐ Non-Indian

ii. Father

1. Full Name: \_\_\_\_\_

2. Is the Father alive?

☐ Yes (*If yes, list last known address below*):

\_\_\_\_\_  
Address, City and State

☐ No

3. Tribal Affiliation:

☐ A San Juan Southern Paiute Tribal Member

☐ A member of another federally recognized tribe:

\_\_\_\_\_  
☐ The San Juan Southern Paiute Tribe

☐ A non-Indian

2. Your Information:

a. Full Name: \_\_\_\_\_

b. Relationship to the Child: \_\_\_\_\_

c. Tribal Affiliation:

i. ☐ A San Juan Southern Paiute Tribal Member

ii. ☐ A member of another federally recognized tribe: \_\_\_\_\_

iii. ☐ The San Juan Southern Paiute Tribe

iv. ☐ A non-Indian

d. Contact Information:

i. Address, City, State: \_\_\_\_\_

ii. Phone Number: \_\_\_\_\_

iii. E-mail Address: \_\_\_\_\_

3. The Request

a. The following applies to this Request (*select all that apply*):

☐ Education

☐ Health

☐ Welfare

b. This request is for the Child's special needs that are (*be specific or the request may be given back to you for additional information*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Additional pages are attached, and the pages are to be incorporated by reference into this petition.

**I CERTIFY THAT THIS PETITION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner Signature

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

THE STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ 20\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within the Request for Special Needs Distribution from Minor's Trust Form, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify, under PENALTY OF PERJURY under the laws of the State of Arizona and the San Juan Southern Paiute Tribe, that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Given under my hand and seal of office, this day of \_\_\_\_\_, 20 \_\_\_\_.

**SEAL:**

Signature: \_\_\_\_\_