Cherokee Nation Guardianship

The following must be completed and submitted with the court and or appropriate designated department prior to a filing of petition for guardianship with Cherokee Nation District Court. If any document is not provided along with the petition for guardianship, the petition may be deemed incomplete and not valid.

- Affidavit and Petition for Guardianship –filed with the court

- Completed OSBI background check for the petitioner and all other adults 18 years of age or older that are residing in the home.-mailed to the OSBI address is located on the OSBI Criminal History Record Request. The fees associated with the request are the responsibility of the petitioner. A check or money order must be submitted with the request by mail, a postage paid return envelope is requested by the agency and must be provided if request is being mailed. Fees for criminal history records are separate per request; each request has a fee associated with the request. Requests are made on each individual 18 years or age or older residing in the home. Requests should be mailed immediately in order for the record to be checked and submitted back to the petitioner prior to the court hearing. IF the record is not provided prior to the court hearing date, the hearing may be delayed until the record is received. Once the record is received, it shall be filed with the court.

- An Oklahoma Sex Offenders Registration Affidavit must be completed on the petitioner and all other adults 18 years of age or older that are residing in the home. This affidavit is completed and returned at the same time the petition is filed. All adults in the home MUST complete the affidavit and all affidavits MUST be submitted at the same time as the filing for the Petition for Guardianship.

A financial assessment statement. Assessment is completed on the petitioner and submitted at the same time as the filing for the Petition for Guardianship.

- An OK DHS child welfare history request for the petitioner and all other adults 18 years of age or older that are residing in the home. Requests are made on each individual 18 years or age or older residing in the home. Requests should be mailed immediately to the designated official in order for the record to be checked and submitted back to the petitioner prior to the court: hearing. IF the record is not provided prior to the court hearing date, the hearing may be delayed until the record is received. Once the record is received, it shall be filed with the court. The address for submittal to CN ICW is located on the document. If an ICW worker has already been assigned, the document may be provided directly to the worker or

submitted by hand to the ICW office. When submitting in person, information shall be provided as to the child's name involved in the proceeding.

- A Cherokee Nation Department of Children Youth and Family Services (ICW) child welfare history report request for the petitioner and all other adults 18 years of age or older that are residing in the home. Each individual 18 years or age or older residing in the home shall fill out a request, only one adult Bsted per request. Requests should be mailed immediately to the designated official in order for the record to be checked and submitted back to the petitioner prior to the court hearing. IF the record is not provided prior to the court hearing date, the hearing may be delayed until the record is received. Once the record is received, it shall be filed with the court. The address for submittal to CN ICW is located on the document. If an ICW worker has already been assigned, the document may be provided directly to the worker or submitted by hand to the ICW office. When submitting in person, information should be provided as to the child's name involved in the proceeding.

*If any of the above supporting documents are not provided along with the petition the petition may be deemed incomplete. The criminal history check and child welfare history requests MUST be submitted to the appropriate designee IMMEDIATELY in order for the checks to be completed prior to the court hearing. There can be unexpected delays in receiving the checks back, so immediate submittal is pertinent and mandatory.

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request/
6600 North Harvey Place
Oklahoma City, OK 73116
(405) 848-6724
(405) 879-2503 FAX
http://www.ok.gov/osbi/Criminal_History/

Type Of Search Requested:

- ☐ Name Based - $15.00
- ☐ Sex offender - $2 00
- ☐ Mary Rippy Violent Offender - $2 00
- ☐ State Fingerprint-based - $19 00
  - * *Must provide fingerprint card.*
  - • *Includes name based search*

DATE _____

Request Submitted via

☐ Fax ☐ Mail ☐ In Person

REQUESTS WILL BE RETURNED IN THE MANNER RECEIVED

Mail requests should include postage-paid reply envelope

Fax requests must include payment by credit card and a dedicated Fax Phone Line for return of completed search

( ) _____

ACCEPTABLE FORMS OF PAYMENT: ☐ CASH ☐ CASHIER'S CHECK / MONEY ORDER

☐ BUSINESS CHECK *No Personal Checks Accepted.* ☐ CREDIT CARD *For Visa, MasterCard and Discover, security code a 3 digits on back of card. For Amex, security code is 4 digits on front. These are the only cards accepted.*

CREDIT CARD # _____ EXPIRATION DATE _____ SECURITY CODE _____

CARD HOLDER _____

Please print the name of the individual cord holder as it appears on the credit card.

CARD HOLDER SIGNATURE (REQUIRED) _____

REQUESTOR INFORMATION: (Type or print clearly in blue or black ink)

REQUESTOR'S NAME _____

SIGNATURE OF REQUESTING PARTY

STREET ADDRESS _____

_____

CITY STATE ZIP

PHONE NUMBER ( ) _____ E-MAIL ADDRESS _____

Requestors outside of the United States me strongly encouraged to provide an e-mail address for purposes of correspondence.

PURPOSE OF REQUEST _____

SUBJECT INFORMATION: (Type or print clearly in blue or black ink)

Forms with corrections done with white out or by striking through the fields in this section will not be processed.

NAME _____

LAST FIRST MIDDLE

ALIAS/MAIDEN NAME(S) _____

DATE OF BIRTH _____ (MM/DD/YYYY). *If date of birth is unavailable, include exact age of subject.*

RACE _____ SEX _____ SOCIAL SECURITY NUMBER _____

SEARCH RESULTS (*Please do not write in the spaces below*):

Oklahoma State Bureau of Investigation Computerized Criminal History	Oklahoma Department of Corrections Sex Offender	Oklahoma Department of Corrections Violent Offender

Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.

OKLAHOMA STATE BUREAU OF INVESTIGATION

Criminal History Record Information Request/
6600 North Harvey Place
Oklahoma City, OK 73116
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PHONE NUMBER ( ) _____ E-MAIL ADDRESS _____

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Unless fingerprint cards are provided, record information is furnished solely on the basis of name or description similarity with the subject of your inquiry.

For questions on the Sex Offender / Violent Offender Registry, please contact the Oklahoma Department of Corrections.

IN THE DISTRICT COURT OF CHEROKEE NATION

IN THE MATTER OF
CHILD(REN)AME:

CASE NO _____

)
MINOR CHILD(REN))

Oklahoma **Sex Offenders** Registration **Act**
Affidavit

I am not a person subject to registration under the Oklahoma Sex Offenders Registration Act. I am not married to or living with such a person, or a person who has been convicted of, or has changes pending for, a felony or any relevant misdemeanor, nor is anyone living with me or frequently present in *my* home previously been convicted of, or has charges pending for, a felony or any relevant misdemeanor.

That as guardian of the above child under no circumstances shall I permit the child to be left in the custody of a person who is known to me to be subject to registration under the Oklahoma Sex Offenders Registration Act. Nor shall I permit the child to be left in the custody of a person married or living with such a person, or with any individual who has been convicted of any crime involving domestic violence abuse Nor shall these child(ren) be placed in the custody of a person who has previously been convicted of, or has charges pending for a felony or any relevant misdemeanor

_____
Petitioner

IN THE DISTRICT COURT OF CHEROKEE NATION

IN THE MATTER OF CHILD(REN)AME:	)	
	)	CASE NO _____
MINOR CHILD(REN)	)	

Oklahoma Sex *Offenders* Registration Act
Affidavit

I am not a person subject to registration under the Oklahoma Sex Offenders Registration Act. I am not married to or living with such a person, or a person who has been convicted of, or has changes pending for, a felony or any relevant misdemeanor, nor is anyone living with me or frequently present in my home previously been convicted of, or has charges pending for, a felony or any relevant misdemeanor

That as guardian of the above child under no circumstances shall I permit the child to be left in the custody of a person who is known to me to be subject to registration under the Oklahoma Sex Offenders Registration Act. Nor shall I permit the child to be left in the custody of a person married or living with such a person, or with any individual who has been convicted of any crime involving domestic violence abuse. Nor shall these child(ren) be placed in the custody of a person who has previously been convicted of. or has charges pending for, a felony or any relevant misdemeanor

_____
Petitioner

CHEROKEE NATION INDIAN CHILD WELFARE
FINANCIAL STATEMENT
(The information on this form is confidential)

1. ASSETS:

CASH ON HAND:	$
MONEY MARKETS OR OTHER SAVINGS ACCOUNTS:	$
CASH SURRENDER VALUE OF LIFE INSURANCE:	$
REAL ESTATE OWNED:	$
OTHER ASSETS: (INCLUDES CARS, BOATS, LIVESTOCK, ETC.)	$

TOTAL ASSETS	$

2. LIABILITIES:

LOANS SECURED BY REAL ESTATE:	$
CREDIT CARD DEBT:	$
STUDENT LOANS:	$
OTHER ACCOUNTS OR BILLS PAYABLE:	$

TOTAL LIABILITIES:	$

3. MONTHLY INCOME:

HUSBAND INCOME: (net after taxes)	$
WIFE INCOME: (net after taxes)	$

Other income: (includes income from interest, rentals, social security, disability, adoption subsidy, foster care payments, child support, food stamps, Temporary Assistance for Needy Families (TANF), etc.)

SOURCE OF INCOME:	AMOUNT
	$
	$
	$

TOTAL MONTHLY INCOME:	$

4. EXPENSES: (monthly)

RENT OR MORTGAGE PAYMENT:	$
VEHICLE PAYMENT(S):	$
GASOLINE	$
MEDICAL EXPENSES (NOT COVERED BY INSURANCE:	$
CHILD CARE:	$
CHILD SUPPORT:	$
UTILITIES NATURAL GAS & PROPANE:	$
WATER, SEWAGE, & TRASH:	$
ELECTRIC:	$
CABLE, SATELLITE & INTERNET:	$
PHONE & CELL PHONE(S):	$
FOOD:	$
CLOTHING:	$
INSURANCE - LIFE:	$
AUTO:	$
HOME:	$
CHARITABLE DONATIONS TO CHURCH OR OTHER ORGANIZATIONS:	$
ENTERTAINMENT RECREATION	$
STUDENT LOANS	$
CREDIT CARD PAYMENTS	$
OTHER PAYMENTS	$
TOTAL MONTHLY EXPENSES	$

5. List and explain any debts on which you are behind in your payment: _____

_____

6. In the last ten years, have any of the applicants filed for bankruptcy? YES ( ) NO ( )

If yes, indicate the court where the bankruptcy was filed and the bankruptcy court case number_____

7. Please attach a copy of pay stubs from the past month.

Applicant Signature :_____ Date:_____

Applicant Signature:_____ Date:_____

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Children and Family Services Division
Sequoyah Memorial Office Building
P.O Box 25352
Oklahoma City, OK 73125
(405) 522-1487 ● Fax: (405) 521-4373 ● www.okdhs.org

Request for Child Abuse and Neglect Information System Search

Complete the attached form to request a search of the Child Abuse and Neglect Information System (CANIS) for prospective adoptive parents. The search and report of CANIS information is provided to assist in evaluating the safety of the home in which a child is placed.

A timely completed search requires that:

- all applicable information regarding the applicant is provided, including all current and former names used by the applicant;

  information regarding the stepparent is provided when a stepparent is the prospective adoptive parent. A search report is not required for the custodial biological parent;
- the applicant has signed the form;
- verification from a home study provider or adoption agency or a copy of the Petition for Adoption is included;
- when the request is made for the purpose of an international adoption, official documentation from the applicant's child placing agency, attorney, or the United States Bureau of Citizenship and Immigration Services is provided in writing on business or government letterhead; and
- the form and verification of impending adoption and other applicable documentation is transmitted by secure email to CANISADOPT@okdhs.org, faxed to 405-521-4373, or mailed to the address listed on page two of Form 04AN028E, Request for Child Abuse and Neglect Information System Search.

Please contact the Child Protective Services Unit of the Children and Family Services Division of OKDHS at 405-521-2283 if you have questions.

Please allow four weeks for completion of the search report.

Adoptive applicant two

Adoptive applicant full name				
Aliases, including maiden name, former married name, and all other names				
Date of birth	Social Security number		Phone number	
Current street address	City		State	Zip
Years at current address		Previous county of residence		
Previous street address	City	State	Zip	Dates resided
Previous street address	City	State	Zip	Dates resided
Previous street address	City	State	Zip	Dates resided

Unsworn Declaration Under Penalty of Perjury

I certify that an adoption is being pursued through _____, attorney, or _____, child-placing agency, and the search report is used for this purpose only. I further certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct to the best of my information and belief.

_____ _____

Applicant signature Date

Verification of impending adoption must accompany this request.

This request will not be completed when required verifications are not included.

Mail to: Oklahoma Department of Human Services
Children and Family Services Division
Child Abuse and Neglect Information System
P.O. Box 25352
Oklahoma City, Oklahoma 73125

Please allow four weeks for processing the search.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Request for Child Abuse and Neglect Information System Search

Oklahoma Department of Human Services (OKDHS) is requested to conduct a Child Abuse and Neglect Information System search for the adoptive applicants named below.

Type of prospective adoption:

Stepparent	☐	Grandparent	☐	Other relative	☐
Tribal	☒	Domestic infant	☐	Domestic child	☐
International	☐	Other	☐	_____	

Adoptive applicant one

Adoptive applicant full name				
Aliases, including maiden name, former married name, and all other names				
Date of birth	Social Security number	Phone number		
Current street address	City	State	Zip	
Years at current address		Previous county of residence		
Previous street address	City	State	Zip	Dates resided
Previous street address	City	State	Zip	Dates resided
Previous street address	City	State	Zip	Dates resided

Unsworn Declaration **Under** Penalty of **Perjury**

I certify that an adoption is being pursued through _____, attorney, or _____, child-placing agency, and the search report is used for this purpose only. I further certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct to the best of my information and belief.

_____

Applicant signature Date

Request for the Oklahoma Department of Human Services (OKDHS) to Release Child Abuse and Neglect Findings

I hereby request, without recourse, OKDHS to release all Child Abuse and Neglect findings and obtain any information from resource records on file with the Department. I understand that records are reviewed relative to my application to become a foster parent. A signed authorization to release information is required for **all** persons living in the home age 18 **or** over.

Please type or print

Full Legal Name_____
Last First Middle

Maiden, alias, and all other previous names by marriage or otherwise_____

Race_____ Date of Birth_____ Social Security Number_____

Current Marital Status M / S / D, Date of current marriage_____, Divorce Date(s)_____

Current Mailing Address at which you wish information to be sent:_____

City_____State_____Zip_____County_____

Previous Addresses if above address is less than five (5) years_____

City_____State_____Zip_____County_____

For which program are you applying for (check all that apply)

- ☐ Emergency Foster Care
- ☐ Contract Foster Care
- ☐ Therapeutic Foster Care
- ☒ Tribal Foster Care
- ☐ Shelter Host Home

List all previous experience or applications as a Child Care provider, Foster parent, Kinship provider, Adoptive home and/or a TFC parent. Include county, agency names and approximate certification and closure dates."

Agency (TFC, DHS, Child Care, Etc.)	County	*Approximate closure date
Agency (TFC, DHS, Chad Care, Etc.)	County	*Approximate closure date
Agency (TFC, DHS, Child Care, Etc.)	County	*Approximate closure date

_____ _____
Signature Date

Requested By: _____
Agency or Tribal Staff Member

Cherokee Nation ICW, P.O. Box 215, Catoosa, OK 74015
Agency or Tribe Address/City/State/Zip

The release of information does not grant the recipient named **above** the authority to **release or** otherwise forward this information to any other source unless authorized to do so.

Revised 10/11/12

Request for the Oklahoma Department of Human Services (OKDHS) to Release **Child Abuse** and **Neglect Findings**

I hereby request, without recourse, OKDHS to release all Child Abuse and Neglect findings and obtain any information from resource records on file with the Department. I understand that records are reviewed relative to my application to become a foster parent. **A** signed **authorization to** release **information is** required **for all** persons **living in the home age 18 or over.**

Please type or print

Full Legal Name_____
Last First Middle

Maiden, alias, and all other previous names by marriage or otherwise_____

Race_____ Date of Birth_____ Social Security Number_____

Current Marital Status M / S / D, Date of current marriage_____, Divorce Date(s)_____

Current Mailing Address at which you wish information to be sent:_____

City_____State_____Zip_____County_____

Previous Addresses if above address is less than five (5) years_____

City_____State_____Zip_____County_____

For which program are you applying for (check all that apply)

- ☐ Emergency Foster Care
- ☐ Contract Foster Care
- ☐ Therapeutic Foster Care
- ☒ Tribal Foster Care
- ☐ Shelter Host Home

List all previous experience or applications as a Child Care provider, Foster parent, Kinship provider, Adoptive home and/or a TFC parent. Include county, agency names and approximate certification and closure dates.*

Agency (TFC, DHS, Child Care, Etc.)	County	* Approximate closure date
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_____ _____
Signature Date

Requested By: _____
Agency or Tribal Staff Member

Cherokee Nation ICW, P.O. Box 215, Catoosa, OK 74015
Agency or Tribe Address/City/State/Zip

The release of information does not grant the recipient named above the authority to release or otherwise forward this information to any other source unless authorized to do so.

Cherokee Nation DCYFS
(ICW) Child Welfare History Request

Request **for the** Cherokee Nation **DCYFS to** Release **Child Abuse and** Neglect **Findings**

I hereby request, without recourse, Cherokee Nation DCYFS to release all Child Abuse and Neglect findings and obtain any information from resource records on file with the Department. I understand that records are reviewed relative to my application to become a guardian of a minor child/ran. **A separate request it to be submitted for each adult (18 y.o.a.) or older.

Please Print

Full Legal Name:_____ _____

Maiden, alias, and ALL other previous names by marriage or otherwise:_____

Date of Birth:_____

Contact Number:_____

List ALL children you are or have been responsible for as to their care, custody and control to include birth, adopted, fostered, or any whom were under your supervision even if temporary to include any prior placements with you or by way of a guardianship. This would include any children whom are adults now. List the full names of such to include their biological names, adopted names and any other alias as well as their date of birth:

Example: Jane Marie Doe, DOB 01-01-2014,_____

(check all that apply)

☐ I have relinquished my parental rights in the past
☐ My parental rights have been terminated in the past
☐ I have had a child deprived action filed on me in the past with Dept. Of Human Services
☐ I have been a foster parent in the past
☐ I have filed for guardianship in the past over a minor child

Document is to be provided to Cherokee Nation.ICW
-P.O. Box 948 Tahlequah, OK 74465 Attention: GPA Tribal Grdshp Checks.
-May also be hand delivered to the Tahlequah ICW *office,* or
-Faxed to 918-458-6146 Attention: GPA Tribal Grdshp Checks

Checks are completed in a thorough manner and may be time consuming; requests should be submitted immediately in order to obtain results back within 2-3 weeks. A separate request shall be made for each individual whom is 18 years of age or older that resides in the home of the petitioners.

Cherokee Nation **DCYFS**
(ICW) Child Welfare History Request

Request for the Cherokee Nation DCYFS to Release Child Abuse and Neglect Findings

I hereby request, without recourse, Cherokee Nation DCYFS to release all Child Abuse and Neglect findings and obtain any information from resource records on file with the Department. I understand that records are reviewed relative to my application to become a guardian of a minor child/ran. **A separate request it to be submitted for each adult (18 y.o.a.) or older.

Please Print

Full Legal Name:_____

Maiden, alias, and ALL other previous names by marriage or otherwise:_____

Date of Birth:_____

Contact Number:_____

List ALL children you are or have been responsible for as to their care, custody and control to include birth, adopted, fostered, or any whom were under your supervision even if temporary to include any prior placements with you or by way of a guardianship. This would include any children whom are adults now. List the full names of such to include their biological names, adopted names and any other alias as well as their date of birth:

Example: Jane Marie Doe, DOB 01-01-2014._____

(check all that apply)

☐ I have relinquished my parental rights in the past
☐ My parental rights have been terminated in the past
☐ I have had a child deprived action filed on me in the past with Dept. Of Human Services
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