



Gun Lake Tribal Court

1743 142nd Ave., Suite 8
 P.O. Box 218
 Dorr, MI 49323

Phone: (616) 681-0697
 Fax: (616) 681-0103
 Chief Judge: Michael Petoskey

CASE NUMBER: FOREIGN COURT CASE NUMBER: Petitioner: Petitioner's Attorney:	v.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"> Court Reference: FOC Reference: </td> <td style="width: 30%; padding: 5px;"> FIPS Code: </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Respondent: </td> </tr> </table>	Court Reference: FOC Reference:	FIPS Code:	Respondent:	
Court Reference: FOC Reference:	FIPS Code:					
Respondent:						

PETITION/AFFIDAVIT TO UPDATE DELINQUENT CHILD SUPPORT OBLIGATION

TO THE TRIBAL COURT:

1. I, _____, HEREBY PRESENT an updated notice/order of income withholding for **delinquent** child support from a state or tribal court of competent jurisdiction.
2. I DEPOSE AND STATE the following:
 - a. I am the Petitioner or attorney of the Petitioner in the matter referenced above.
 - b. The *Match-E-Be-Nash-She-Wish Band of Pottawatomi Indian's Gaming Revenue Allocation Plan* allows for all or an appropriate portion of per capita payments, due to an enrolled member of the Gun Lake Tribe who is eligible for the per capita distribution, to be used to satisfy a **delinquent** court-ordered child support obligation.
 - c. On _____, the Tribal Court entered an order to withhold and redirect Respondent's per capita payment toward a **delinquent** child support obligation in the amount of \$_____.
 - d. The Respondent's **delinquent** child support obligation has increased to the current amount of \$_____ and this amount **does not** include a current child support obligation, current cash or past-due cash medical support obligation, handling fees, or any other fees and charges.

WHEREFORE, the Petitioner presents this *Petition/Affidavit* and requests the Court to update the amount of the **delinquent** child support obligation.

Date

Signature of Petitioner (or)
Attorney for Petitioner

Subscribed and sworn before me on this _____ day of _____.

, Notary Public
County of _____ State of _____
My Commission Expires: _____

(Notary Seal)