



# Gun Lake Tribal Court

Chief Judge: Michael Petoskey

2873 Mno Bmadzewen Dr.  
Shelbyville, MI 49344

Phone: (269) 397-1630  
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<b>CASE NUMBER:</b>
<b>FOREIGN COURT CASE NUMBER:</b>
Petitioner:
Petitioner's Attorney:

<b>Court Reference:</b>	<b>FIPS Code:</b>
<b>FOC Reference:</b>	
Respondent:	

v

## PETITION/AFFIDAVIT TO WITHHOLD PER CAPITA PAYMENTS FOR DELINQUENT CHILD SUPPORT

### TO THE TRIBAL COURT:

1. I, \_\_\_\_\_, HEREBY PRESENT AN ORDER for delinquent child support from a state or tribal court of competent jurisdiction; and
2. DEPOSE AND STATE the following:
  - a. I am the Petitioner or attorney for Petitioner in the above-referenced matter.
  - b. My name and address listed in the caption above is correct.
  - c. The name and last known address of the Respondent is:
   
\_\_\_\_\_
   
\_\_\_\_\_
   
\_\_\_\_\_
  - d. Based on the best of my information, knowledge and belief, the Respondent is an enrolled member of the Gun Lake Tribe.
  - e. Based on the best of my information, knowledge and belief, the Respondent is receiving per capita payments pursuant to the *Match-E-Be-Nash-She-Wish Band of Pottawatomi Indian's Gaming Revenue Allocation Ordinance*.
  - f. The *Match-E-Be-Nash-She-Wish Band of Pottawatomi Indian's Gaming Revenue Allocation Ordinance* allows for all or an appropriate portion of per capita payments, due to an eligible member of the Gun Lake Tribe to be used to satisfy a **delinquent** court-ordered child support obligation.
  - g. The current amount of the delinquent child support obligation is \$\_\_\_\_\_ not including 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 requests the Court to grant a withholding order and redirect Respondent's per capita payments to satisfy 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)