IN THE TULALIP TRIBAL COURT
TULALIP INDIAN RESERVATION
TULALIP, WASHINGTON

Petitioner:

_____

and

Respondent:

_____

Case No. _____

MOTION FOR TEMPORARY ORDER

(CHILD CUSTODY & CHILD SUPPORT)

☐ **Clerk action required**
Send a copy of all documents filed in this case to the TCSP.

Use this motion to ask for a *Temporary Order* **only if:**

- Parentage has been established by (1) court order that determined an adjudicated Father or (2) Acknowledgment of Paternity filed with the Tulalip Tribal Court or with the Washington State Registrar of Vital Statistics. If parentage has not been established, use the forms included in the Paternity and Acknowledgment packages.
- You have already commenced civil action for **child custody or child support**.

1. CAUSE OF ACTION.

My name is: _____. I am the *(check one):* ☐ Petitioner ☐ Respondent. I ask the Court for temporary orders approving the requests listed below.

2. CHILDREN.

☐ Does not apply. There are no children involved in this matter.
☐ No request.
☐ I want these children under 18 listed below to be included in the Court's orders:

	Child's Name	**Date of Birth**
1.		
2.		
3.		
4.		
5.		

MOTION FOR TEMPORARY ORDER
(CHILD CUSTODY & CHILD SUPPORT)

PAGE 1 OF 4

6.0 08/10/18

(FAMILY LAW)

Tulalip Tribal Court
6332 31st Ave NE, Suite B
Tulalip, WA 98271
Tel. (360)716-4773 | Fax (360)716-0657

3. CARE OF CHILDREN.

Regarding the children listed in *Section 2* above, I ask the Court to:

☐ Does not apply or no request.

☐ Approve my proposed *Parenting Plan/Residential Schedule* on a temporary basis until a final order is entered by the Court. My proposed *Parenting Plan/Residential Schedule* is **attached**.

☐ Order *(name):* _____ not to take the children out of Washington State.

☐ Order that the children will live with *(name):* _____ until *(date):* _____.

☐ Appoint a Guardian ad Litem (GAL) to investigate and report on issues affecting the children and order who will pay this person's fees.

☐ Other *(specify):* _____
_____

4. PROVIDE TEMPORARY MAINTENANCE.

☐ No request.

☐ Order *(name):* _____ to pay temporary child support/maintenance to me according to the Tulalip Tribes Child Support Guidelines and Schedule until a final order of support is entered by this Court. My completed *Tulalip Tribes' Child Support Worksheet* is **attached**. *(Check "Clerk action required" box in the header on the first page of this Motion if you are asking the court for a Child Support Order.)*

Please note: Tulalip Tribal Court Rules 3.10 mandates the following: Once a petition for a parenting plan and child support has been filed with the Court, the parties have three days to contact the Tulalip Child Support Program (TCSP) to request child support services or provide updated information for enforcement of a child support order. TCSP shall prepare and maintain a referral form for the Court.

☐ Other *(specify):* _____

5. PER-CAPITA AND BONUS FUNDS OF CHILDREN.

☐ No request.

☐ Order that *(name):* _____ shall receive the per-capita and bonus funds for the children.

☐ Order that Enrollment hold the per-capita and bonus funds for the children.

☐ Other *(specify):* _____

6. INSURANCE.

☐ No request.

☐ Order *(name):* _____ to keep and provide health insurance for the children.

MOTION FOR TEMPORARY ORDER
(CHILD CUSTODY & CHILD SUPPORT)   PAGE 2 OF 4

6.0 08/10/18   (FAMILY LAW)

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7. OTHER TEMPORARY ORDERS *(if any)*

    ☐ No request.

    ☐ *(specify):* _____

_____

_____

_____

_____

8. REASONS FOR MY REQUESTS

In the space below, explain why you are asking the Court for the orders that you checked above. If you need additional space, use the Declaration form or attach additional pages.

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MOTION FOR TEMPORARY ORDER
(CHILD CUSTODY & CHILD SUPPORT)   PAGE 3 OF 4

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_____
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Person asking for this order fills out below:

<div align="center">

DECLARATION

</div>

I declare under penalty of perjury under the laws of the Tulalip Tribes that I have made the allegations contained in this petition based upon my first-hand knowledge and therefore, believe that they are true.

➤ _____   _____   _____
Signature of Declarant   *Print Name*   *Date*

I agree to accept legal papers for this case at *(check one):*
☐ My lawyer's address, listed below.
☐ The following address *(this does not have to be your home address):*

_____
street address or PO box   *city*   *state*   *zip code*

email address *(optional):* _____

Lawyer (if any) fills out below:

➤ _____   _____   _____
Lawyer signs here   *Print Name and WSBA No.*   *Date*

_____
Lawyer's street address or PO box   *city*   *state*   *zip code*

_____
Lawyer's email address (if applicable)