Affidavit in Support of Application

For _____

Applicant's Name: _____
Date of Birth: _____ CDIB No._____
Mailing Address: _____
Physical Address: _____
Home Phone: _____ Cell: _____ Work: _____
Employment: Where: _____
How Long:_____
Retired: Yes _____ (how long) _____
No _____ (anticipated date) _____

Married: _____
Single: _____

Spouse's Name: _____
Mailing Address: _____
Physical Address: _____
Home Phone: _____ Cell: _____ Work: _____
Employment: Where: _____
How Long:_____
Retired: Yes _____ (how long) _____
No _____ (anticipated date) _____

Number of other person(s) in household: Child(ren) _____
Adult(s) _____

Does the child(ren) or ward own any property:
Yes_____ what kind:_____
No _____

Is(are) the child(ren) or ward entitled to per capita: Yes_____
No _____

I(we) are requesting custody/guardianship of the following Comanche child(ren) or ward. Name and date of birth and location of birth for each child or ward:

_____
_____
_____

If the child(ren) or ward is(are) enrolled member(s) of the Comanche Nation, please attach copy(ies) of CDIB cards. If they are not, please indicate yes or no.

Relationship to the child(ren) or ward is as follows:

_____
_____
_____
_____

Within the last five (5) years, the residence(s) of the child(ren) or ward has(have) been at the following addresses during the following time periods. Please list:

Street Address	Town	State	Date

Name of natural mother(s):_____
_____
_____

Address of natural mother(s):_____
_____
_____
_____

Is/are mother(s) employed: Yes_____ where:_____
No _____

_____UNDER PENALTY OF PERJURY, I(WE) HEREBY STATE THAT I(WE) DO NOT KNOW THE ADDRESS OR LOCATION OF THE NATURAL MOTHER(S) NOR AM/ARE I(WE) FAMILIAR WITH ANY PERSON(S) WHO KNOW(S) HER/THEIR WHEREABOUTS.

Name of natural father(s):_____
_____
_____

Address of natural father(s):_____

_____
_____
_____

Is/are father(s) employed: Yes_____ where:_____
No _____

_____UNDER PENALTY OF PERJURY, I(WE) HEREBY STATE THAT I(WE) DO NOT KNOW THE ADDRESS OR LOCATION OF THE NATURAL FATHER(S) NOR AM/ARE I(WE) FAMILIAR WITH ANY PERSON(S) WHO KNOW(S) HIS/THEIR WHEREABOUTS.

The facts which support placement of said child(ren) or ward with me(us) are as follows: (Specify dates and times of each event) _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I(WE) SWEAR, UNDER PENALTY OF PERJURY, THAT ALL THE INFORMATION GIVEN BY ME(US) IN THIS AFFIDAVIT IS(ARE) TRUE AND CORRECT.

DATED:_____

_____
(signature)

_____
(signature)

ATTEST:

Pamela K. Adair, Court Clerk/Administrator

By:_____

(SEAL)

STATE OF _____)
) ss:
COUNTY OF _____)

Before me appeared, _____, this _____ day of _____, 2_____, and states that he/she/they is/are the Petitioner(s) named above, that I/we have read the above and foregoing Affidavit in Support of Application and that the facts therein set forth are true and correct to the best of my/our knowledge and belief.

Dated this _____ day of _____, 2_____.

_____
Notary Public

My Commission Expires:

_____

Commission No._____