

Superior Court of Washington, County of \_\_\_\_\_

In the Guardianship of:

\_\_\_\_\_  
Respondent/s (*minors/children*)

No. \_\_\_\_\_

Motion to Transfer to Tribal Court  
(MT)

**Motion to Transfer to Tribal Court**

1. My name is: \_\_\_\_\_. My relationship to the child in this case is (*check one*):

- I am the Indian child and am 12 years old, or older.
- the Indian child's parent.
- the Indian child's Indian custodian.
- the authorized representative of the Indian child's tribe.

2. I ask the Court to transfer this case to a tribal court's jurisdiction as provided by RCW 13.38.080 because:

- The child in this case is an Indian child who is a member of or eligible to be a member of this tribe: \_\_\_\_\_; and
- The child in this case is not domiciled or living on the reservation of his/her tribe.

3. Other information, if any: \_\_\_\_\_

**Person asking for this order fills out below:**

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (including any attachments) are true.  I have attached (#): \_\_\_\_\_ pages.

Signed at (*city and state*): \_\_\_\_\_ Date: \_\_\_\_\_

Person asking for this order signs here

Print name here

The following is my contact information:

Email: \_\_\_\_\_

Phone (Optional): \_\_\_\_\_

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

Note: You and the other party/ies may agree to accept legal papers by email under Civil Rule 5 and local court rules.

**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

Email (if applicable): \_\_\_\_\_