

APPEAL OF TRUSTEE'S DECISION REGARDING MINOR'S TRUST

(Use may use this form to appeal a decision of the Trustee to the Pokagon Band Family Welfare Commission)

Name of Minor

Tribal I.D. # _____

Name of Person Appealing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor's Parent	Minor's Guardian	Adult Beneficiary

Tribal I.D. of child # _____

Date of Trustee's Decision _____

Signature

Date

**Mail this form with original signature and date to: Pokagon Band Family Welfare Commission
c/o Mark Pompey, Director, Department of Social Services, PO Box 180, Dowagiac, MI 49047**

You may use this space to explain why you believe the Trustee's Decision was arbitrary or capricious:

Please attach additional pages if necessary.

FAMILY WELFARE COMMISSION USE ONLY

Date Appeal Filed Received by Family Welfare Commission _____ Record Requested ___/___/___

Date of Family Welfare Commission Decision _____ Affirm Reverse Revise

Copy of Decision was provided to the Trustee via Certified Mail, Return Receipt Requested, on ___/___/___

Copy of Decision was provided to the Minor Beneficiary via Certified Mail, Return Receipt Requested, on ___/___/___

Approved by Family Welfare Commission 01/27/16