

SHOSHONE-BANNOCK TRIBES GAMING PER CAPITA DISTRIBUTION AGREEMENT ON
BEHALF OF A MINOR CHILD

I represent I am the (mark one only):

() Natural Parent of _____ (minor child's name) and further represent I have legal custody of said minor child and primary physical custody of said minor child more than 50% of the year.

() Legal guardian of _____ (minor child's name) and have provided an official Court Order establishing said guardianship and I am the legal person to take possession of said person's per capita distribution.

() Legal conservator of _____ (minor child's name) and have provided an official Court Order establishing said conservatorship and I am the proper and legal person to take possession of said person's per capita distribution.

If disputes arise as about who is authorized to receive the funds of a minor, **all such funds will be withheld and deposited into minor's trust account. Only a court order may resolve an alleged dispute;** additionally once funds are deposited into a minor's trust account they may not be removed until the terms of the trust have been met.

I further represent the gaming per capita distribution on behalf of said minor child/incapacitated person shall, in accordance with the BIA approved and Shoshone-Bannock Tribes adopted Gaming Revenue Distribution Plan, is used only for the ***health, education, welfare*** of minor child or incapacitated person. Any violation of this provision may result in restriction(s) and/or limitation(s) of any future gaming per capita distribution. Further, you may be required to provide documentation accounting for the use of the distribution proceeds on behalf of the minor child/incapacitated person.

I hereby certify that the information supplied on this form is true and all copies of documents submitted in support thereof are true copies and understand that providing any incorrect, untrue or fraudulent information may result in criminal charges, including but not limited to perjury charges, or a civil lawsuit being brought against me.

Dated this _____ day of _____, 20__.

Signature

Printed name

SUBSCRIBED AND SWORN TO before me on this _____ day of _____ 20__.

S E A L

NOTARY PUBLIC

Residing In:

My Commission Expires: