



**THE TULALIP TRIBAL COURT**

6103 31<sup>ST</sup> AVENUE NE, TULALIP, WA 98271

Tele: 360/716-4773 Fax: 360/716-0657

**Document Request Form**

Requestor Name: \_\_\_\_\_ Suffix: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Type of Case/Case #: \_\_\_\_\_ Regarding: \_\_\_\_\_

Name of Parties Involved: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name of Youths Involved: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tele. \_\_\_\_\_ Bus. Tele. \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

**I would like to request copies of the following from the Court Records:**

*All Request will Require a Minimum of 48 Hours to Complete. Also, there will be a \$0.25 Charge for Each Page Made.*

Appeal Notice

Complaint, Citation, Petition     Court Judgment/Order Date of Entry: \_\_\_\_\_

Copy of Complete file     CD Transcripts Hearing Dates: \_\_\_\_\_

Criminal History     Other: \_\_\_\_\_

\_\_\_\_\_

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Amount Due at time of Copying: \_\_\_\_\_

Other: \_\_\_\_\_

The Court does not have the following Records.

I have made copies of the records requested and mailed or delivered to requestor stated above.

Court Staff dated: \_\_\_\_\_ Signature: \_\_\_\_\_