



THE TULALIP TRIBAL COURT

6332 31st AVE NE Suite B, Tulalip Washington 98271
Tel: (360) 716-4773 | Fax: (360) 716-0657

Document Request Form

I understand there is a fee for these copies of \$.25 per page and \$15 per hearing CD. Any confidential record cannot be disclosed without explicit leave of the court or as permitted by law.

(Please complete legibly)

Requestor name: _____ **Case #** _____
Relationship to case: ___Petitioner ___Respondent ___Attorney for Petitioner/Respondent ___Other _____
Other parties to case: _____

Address: _____ **Phone:** _____
City: _____ **State:** _____ **Zip Code:** _____ **Email:** _____

If request is for a criminal matter and the requestor has a public defender, the fee will be waived. Please indicate who public defense counsel is if applicable: _____

Documents requested:

- Complaint / Petition
- Civil Judgment
- Copy of Complete file
- Judgment and Sentence
- Satisfaction of Judgment
- Motion filed _____
- Criminal Conviction History
- Parenting Plan
- CD audio copy specify Hearing Dates: _____
- Other: _____

All Requests will require a minimum of 7 days to complete. If the case is older than one year, it could take as long as two weeks. We will call or email you when the documents are ready for pick up.

**Drop off document request at court window, during filing hours
or e-mail to crt-efiling@tulaliptribes-nsn.gov**

Advanced payment required. If your request exceeds 20 pages or you are requesting an audio copy of a hearing, you will need to pay the associated fees in advance.

How can we reach you when the request is complete? Telephone OR Email

Requestor's Signature: _____

Request picked up by: _____ **Date:** _____

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**COURT USE ONLY**

Estimated Cost: \$ \_\_\_\_\_ **Payment received**   
**Authorized by:** \_\_\_\_\_ **Payment waived**

- The Court does not have the following Records.
- The Court cannot provide copies of the records requested due to Tulalip Tribal Code restrictions.
- The Court requires a Motion for Copies to be filed, and a hearing on this matter.
- The following Judge has approved this request, and will allow copies to be made: \_\_\_\_\_  
Judge

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

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

**Court Staff Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_