

THE TULALIP TRIBAL COURT

6332 31st AVE NE Suite B, Tulalip Washington 98271 Ph: (360) 716-4773 (Option #5); Fax: (360) 716-0657

Public Document Request Form – send to CourtDocumentRequests@tulaliptribes-nsn.gov

(Please complete – please print legibly)		
Requestor Name		Case #
Relationship to case: Petitio	ner 🗌 Respondent 🗌 Af	Case # ttorney for Petitioner/Respondent Dother:
Other parties to case:		
Address:	Phone:	
City:	State: Zip Code:	Email:
If request is for a criminal matter and the requestor has <u>a public defender</u> , the fee will be waived. Please indicate who public defense counsel is, if applicable:		
Documents requested:		
Complaint / Petition	Civil Judgment	Copy of Complete file
		nt Motion filed
		audio copy specify Hearing Dates:
		. If the case is older than one year, it could take as
long as two weeks. We will call	or email you when the doc	uments are ready for pick up.
How can we reach you when the	e request is complete? 🔲 T	elephone or 🗌 Email
Leaves this s		
l agree this c	opy is for my purpose only a	and will not disclose to anyone else.
Requestor's Signature:		
Request nicked up by:		Date:
nequest pierce up by		Dutc
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	COURT USI	
Estimated Cost: \$	-	Payment received 🗌
Authorized by:		Payment waived
The Court requires a Motion	pies of the records request for Copies to be filed, and a	allow copies to be made:
		Judge
Other:		
I have made copies of the recor above.	ds requested and 🗌 maile	ed 🗌 emailed 🔲 delivered to requestor stated
	D	ate:
DOCUMENT REQUEST FROM Revised 02/04/2022 AH		