

## **TULALIP TRIBAL COURT**

## MINOR CHILD/WARD OF THE COURT ADDRESS VERIFICATION FORM

(Form MUST be completed for <u>all minor children 17</u> and younger.)

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rint Parent/Guardian Name	 Date	Parent/Guard	lian Signature	
I am the parent or legal guardia informed of my current address Youth Code I am to inform the location.	s, email and telephor	ne number. I understand	I that pursuant to the	e Tulalip Tr
County of Residence:				
Physical Address:  City:				Zip Code: _
Phone Number:	Email a	ddress:		
County of Residence:				
Mailing Address:City:				Zip Code:
If Mail Is Receiv	ed at a Post Office	Please Also Include	– the Physical Add	ress.
Date of Birth:	Tulalip Citizer	ship#:	Social Secu	ırity#:
Date of Birth:	Tulalip Citizenship#:		Social Security#:	
Date of Birth:	Tulalip Citizenship#:		Social Security#:	
Date of Birth:		ship#:	Social Secu	ırıty#:

Please return to: Tulalip Tribal Court 6332 31<sup>st</sup> AVE NE Suite B Tulalip, WA 98271 Tel. (360) 716-4773