

**IN THE TULALIP TRIBAL COURT
TULALIP INDIAN RESERVATION
TULALIP, WASHINGTON**

The Tulalip Tribes,

Petitioner(s)

NO. TUL-CV-EX-

Vs.

**MOTION FOR A DEFERRAL ON EXCLUSION
ORDER**

_____,
Respondent (s).

MOTION

COMES NOW the Respondent, _____,
requesting a deferral on Exclusion Order entered _____, 20__ under TTC. 2.40.

I have completed the attached declaration in support of my motion to defer my exclusion order and included any relevant certificates of completion of treatment and any other pertinent information for the Court to consider.

I understand that I am required to have someone, other than myself, serve the Office of Reservation Attorney with this Motion and file a declaration of service to the Court before a hearing will be set on this motion.

(Signature of party)

Address

Telephone

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The Tulalip Tribes,

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Vs.

**DECLARATION IN SUPPORT OF MOTION FOR
EXCLUSION DEFERRAL**

_____,
Respondent (s).

This declaration is made by:

Name: _____

I Declare as follows:

I meet the eligibility requirements for a deferral of exclusion, as outlined under TTC 2.40.170 because:

- I am a Tribal Member
- I am a spouse of a Tulalip Tribal member and my Tulalip Tribal member spouse resides on the Tulalip Indian Reservation.

In addition: I understand that a deferral of exclusion program is a three year counseling and treatment program which minimally includes: (1) Completion of at least fifteen (15) annual random urinalyses screenings on the colorline with each UA report showing no non-prescribed controlled substances; (2) Completion of a chemical dependency and/or mental health evaluation as ordered by the court and following all treatment recommendations; (3) Completion of all treatment options considered necessary by the court; (4) Execution of all appropriate releases of information for monitoring of compliance; (5) Compliance with all laws in any jurisdiction; (6) Participation in tribal job training and tribal youth anti-drug education programs if considered necessary and; (7) Any other requirements deemed necessary by the Tribal Court.

5. I understand that if I fail to adhere to all of the requirements of the exclusion deferral program ordered by the Court, my exclusion order shall be reinstated.

6. I have attached any relevant treatment information including treatment evaluations, certificates of completion of treatment and any other pertinent information for the Court to consider.

7. _____ Other:

I declare under penalty of perjury under the laws of the Tulalip Tribe that the foregoing is true and correct.

Signed at _____, [City] _____ [State] on _____ [Date].

Print Name

Signature