



# Quileute Tribal Council

• QUILEUTE INDIAN TRIBE •

## Quileute Tribal Court

P.O. Box 69 • La Push, WA • 98350  
(360) 374-4305 • Fax (360)-374-5275



## Document Request Form

**I understand there is a fee for these copies of \$.15 per page and \$10 per hearing CD.**

(Please complete legibly)

Requestor name: \_\_\_\_\_ Case Name: \_\_\_\_\_

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: \_\_\_\_\_

**Reason For Request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Documents requested:

Complaint/Petition       Civil Judgment       Copy of Complete file

Judgment and Sentence       Satisfaction of Judgment       Motion filed \_\_\_\_\_

Criminal Conviction History       Parenting Plan

JCD 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.**

**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: \_\_\_\_\_

### COURT USE ONLY

Estimated Cost: \$ \_\_\_\_\_

Payment received

Authorized by: \_\_\_\_\_

Payment waived

The Court does not have the following Records.

The Court cannot provide the copies of the records requested due to Quileute 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:

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

\_\_\_\_\_  
Judge

I have made copies of the records requested and  mailed or  delivered to requestor stated above. Court Staff Signature: \_\_\_\_\_

\_\_\_\_\_  
Dated: