



# Yurok Tribal Court

Yurok Tribal Court PO Box 1027 / 230 Klamath Blvd. Klamath, CA 95548 (707) 482-1350 phone (707) 482-0105 fax
<u>Yurok Child Support Services</u> Petitioner(s),  v.  <u>Respondent,</u> AND  <u>Other Parent</u>

Court File Number: _____ Case Type: <u>FAMILY CODE</u>
---

<b>VERIFICATION OF PARENTING TIME / CUSTODY</b>
---

1. Person filing this Verification:

My Name: \_\_\_\_\_

Relationship to the child(ren): \_\_\_\_\_

2. **Physical Custody**

- a. Shared physical custody (estimated at equal time for each parent)
- b. Parenting Time (visitation for one parent with primary physical placement to another)
- c. Neither

3. Physical Custody Schedule:

Please describe or attach your parenting time schedule or Court Order. Make sure that you are detailing school breaks, summer, holidays, ceremony times, and when you have overnights. Be as specific as possible and include which parent transports the child(ren).

---

---

---

---

---

---

---

---

---

---





Petitioner v. Respondent

Case Number:

There are \_\_\_\_\_ pages attached to this response.

**I declare under the penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature

*This section for Yurok Child Support Services Use*

Person Receiving Form (*Initial*): \_\_\_\_\_

- Scanned
- Physical File

*Received Stamp*