



## Yurok Tribal Court

<b>Yurok Tribal Court</b> PO Box 1027 / 230 Klamath Blvd. Klamath, CA 95548 (707) 482-1350 phone (707) 482-0105 fax	Court File Number: _____ Case Type: _____
In Re: _____  _____ Petitioner(s),  v.  _____ Respondent - Parent 1                      AND  _____ Respondent - Parent 2	<b>Request to Access Confidential Case Files</b>

1. Your name:

Relationship to parties/child (*if any*):

Agency you work for (*if applicable*):

Street Address:

City:

State:

Zip Code:

County:

Telephone Number:

Lawyer (*if any*) (*name, address, telephone number, and State/Tribal Bar number*):

2. ☐ Name of child:

3. ☐ Child's date of birth (*if known*):



4. The records I want are: *(Describe in detail. Attach more pages if you need more space. If you are involved in a pending proceeding in an appellate court or you are preparing to participate in such a proceeding, you should describe here the transcripts, reports, and any other evidence considered by the Court at hearings related to the subject of the proceedings.)*

☐ Continued on Attachment 4.

5. ☐ The reasons for this petition are:

- a. ☐ Civil court case pending in *(name of jurisdiction)*:  
Case number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_
- b. ☐ Criminal court case pending in *(name of jurisdiction)*:  
Case number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_
- c. ☐ Juvenile court case pending in *(name of jurisdiction)*:  
Case number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_
- d. ☐ Family Law court case pending in *(name of jurisdiction)*:  
Case number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_
- e. ☐ Writ or appeal case pending in *(name of jurisdiction)*:  
Case number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_  
Hearing dates related to the juvenile court order being challenged or to be  
challenged on appeal or by writ: \_\_\_\_\_
- f. ☐ Other *(specify)*: \_\_\_\_\_  
Case number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

6. I need the records because *(describe in detail; attach more pages if you need more space)*:

☐ Continued on Attachment 6.



7. ☐ I am not a party to the matter  
☐ I have obtained the permission of the parties to the matter pursuant to Yurok Code (as indicated by their signatures below.

8. ☐ I am requesting this with permission of my partner/spouse for the following time period:  
☐ 6 months  
☐ 12 months

and understand that my access to the materials in question will be revoked after this period of time.

9. ☐ I am requesting these materials as a dual request with the Yurok Child Support Services program (YCSSL), Yurok Health and Human Services (YHHS), Yurok Tribal Police (YTP), Office of the Tribal Prosecutor (OTP), and/or another verified government agency. An agency representative has signed below, approving my request.

If other agency, provide details (*name of agency, reason for request, address of agency, bar number (if applicable)*):

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

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

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF Petitioner)

- ☐ CHECK if there are additional pages. Total number of pages attached: \_\_\_\_\_

**11. FOR SUPPORTING PARTIES:**

I am a:

- ☐ party to the matter  
☐ YCSS Representative  
☐ YHHS Representative  
☐ YTP Representative  
☐ YP Representative  
☐ Other (*specify*)

and I support the motion for the request to access case files.

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

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

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF Support)