



Yurok Tribal Court

Yurok Tribal Court 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	Request to Access Confidential Case Files

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 (YCSS), 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)