



Yurok Tribal Court

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| <p>Yurok Tribal Court PO Box 1027 / 230 Klamath Blvd. Ste. A Klamath, CA 95548 877-YT-COURT (877-982-6878)</p> | <p>Case Number: _____ Case Type: _____</p> |
| <p>In Re: _____ _____ Petitioner(s) v. _____ Respondent – Parent 1 _____ Respondent – Parent 2</p> | <p>REQUEST for Hearing Recording</p> |

PLEASE ALLOW UP TO FOUR (4) WEEKS FOR PROCESSING REQUESTS FOR HEARING RECORDINGS. Recordings are not mailed and must be picked up in person at the Justice Center.

1. Requester Information

Full Name: _____

Physical Address: _____

Mailing Address (if different): _____

Telephone: _____ Email: _____

Relationship to the Case (check one):

Party

Parent or Legal Guardian of Child: _____

Attorney/Advocate for Party (name of party): _____

Other (please describe): _____

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|--------------------------|--------------|
| Petitioner v. Respondent | Case Number: |
|--------------------------|--------------|

2. Recording Request Details.

Hearing Date(s) Requested:

Reason the recording is requested:

3. Confidential Cases

If you are not a party to the case or an attorney of record, and the case is confidential or sealed, you must file and obtain approval of a Motion to Unseal before this request can be processed.

4. Declaration

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

DATE: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF REQUESTER)

CHECK if there are additional pages. Total number of pages attached: _____