

**IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI TRIBES OF THE
FLATHEAD RESERVATION, PABLO, MONTANA**

RECORDS REQUEST FORM

INSTRUCTIONS: Complete the following information to obtain costs of requested records and include a copy of your ID. You will receive a **Notice of Fees** via email, please check your spam and junk folders. The Clerk of Court will provide you a list of costs for copies, searches, certifications, and mailings as applicable. Note that we are not able to send requests for third parties for you. You must submit payment with either a cashier's check or money order. The results of the search will be sent via Postal Service mail unless you arrange to pick it up from the Court after the Court receives your payment.

REQUESTOR INFORMATION

Name of Requestor/Agency:	Phone Number:	Email Address:	Mailing Address:

REQUEST FOR RECORDS

For copies from a file or specific case information, please list the following:

Cause No:	Case Caption (i.e. <i>CSKT v. John Doe</i>):	Court: <input type="checkbox"/> Tribal Court <input type="checkbox"/> Appellate Court
Request for: <input type="checkbox"/> Appeal <input type="checkbox"/> Civil <input type="checkbox"/> Upcoming Hearing/Trial on _____ <input type="checkbox"/> Non-Appeal <input type="checkbox"/> Criminal <input type="checkbox"/> Other:		

Document Requested	Date(s)	Certified: Y or N

ORDERING INFORMATION

Date of Request:	Date Records Request Results Needed:

CERTIFICATION

By signing below, I certify that I will pay all charges.

Signature

Date

FOR COURT USE ONLY

Date of Request:	Records Request Prepared by (name of clerk):	Date Clerk Contacted: Date Notice of Fees emailed:
Date Transcript Mailed/Delivered:	I certify that I prepared the records request. _____ Clerk of Court Signature Date	Date of Payment: _____ Payment Amount: \$ _____ Form of Payment Cashier's Check No: _____ Money Order No: _____