



IN THE TULALIP TRIBAL COURT
TULALIP INDIAN RESERVATION
TULALIP, WASHINGTON

Petitioner:

and

Respondent:

Case No. _____

CONFIDENTIAL PARTY INFORMATION

Clerk: Do not file in public access file

Important! Only court staff may see this form. The other party and his/her lawyer may **not** see this form unless a court order allows it.

PARTIES INFORMATION

1. Who is completing this form? (name): _____
2. **Your Information** – You are a (check one): Petitioner Respondent

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, state):	Race:	State of birth:	
Tribal status:		Enrollment #:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state, zip):			
Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):			
Phone:	Email:	Social Sec. #:	
Employer's name:		Employer's phone:	
Employer's address:			
Relationship to children in this case (if applicable):			



3. Other Party's Information – This person is a (*check one*): Petitioner Respondent

Full name (<i>first, middle, last</i>):		Date of birth (<i>MM/DD/YYYY</i>):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (<i>#, state</i>):	Race:	State of birth:	
Tribal status:		Enrollment #:	
Mailing address (<i>This address will not be kept private.</i>) (<i>street address or PO box, city, state, zip</i>):			
Home address (<i>check one</i>): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (<i>street, city, state, zip</i>):			
Phone:	Email:	Social Sec. #:	
Employer's name:		Employer's phone:	
Employer's address:			
Relationship to children in this case (<i>if applicable</i>):			

4. Other Party's Information (*if any*) – This person is a (*check one*): Petitioner Respondent

Full name (<i>first, middle, last</i>):		Date of birth (<i>MM/DD/YYYY</i>):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (<i>#, state</i>):	Race:	State of birth:	
Tribal status:		Enrollment #:	
Mailing address (<i>This address will not be kept private.</i>) (<i>street address or PO box, city, state, zip</i>):			
Home address (<i>check one</i>): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (<i>street, city, state, zip</i>):			
Phone:	Email:	Social Sec. #:	
Employer's name:		Employer's phone:	
Employer's address:			
Relationship to children in this case (<i>if applicable</i>):			



5. Other Party's Information (if any) – This person is a (check one): Petitioner Respondent

Full name (first, middle, last):		Date of birth (MM/DD/YYYY):	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Driver's license/Identicard (#, state):	Race:	State of birth:	
Tribal status:		Enrollment #:	
Mailing address (This address will not be kept private.) (street address or PO box, city, state, zip):			
Home address (check one): <input type="checkbox"/> same as mailing address <input type="checkbox"/> listed below (street, city, state, zip):			
Phone:	Email:	Social Sec. #:	
Employer's name:		Employer's phone:	
Employer's address:			
Relationship to children in this case (if applicable):			

DECLARATION

I declare under penalty of perjury under the laws of Tulalip Tribes that the information on this form about me is true. The information about the other party is the best information I have or is unavailable because (explain): _____

➤ _____
Declarant signs here *Print Name* *Date*