



## **Tulalip Gaming Court Filing Procedures**

TO: APPELLANT

Attached, please find the “Notice of and Request for Gaming Appeal Hearing” form.

This form is utilized when you want to submit an appeal to the Tulalip Gaming Court. See T.T.C., Title 10, Chapter 10.05, as amended, for complete procedures.

The person filing the Notice of and Request for Gaming Appeal Hearing is the Appellant.

The Tulalip Gaming Commission or Agency is the Appellee.

The Notice of and Request for Gaming Appeal Hearing form must be complete, or the Tribal Gaming Court will not accept it. If any space provided is not sufficient room for your written statement, you may use attachments, i.e. Attachment “A”, Attachment “B”, and so on.

Please remember to attach all relevant documents pertaining to your appeal.

The Court Clerk will assign your case a case number and set your matter for hearing, provided that all procedures have been followed.

Submit executed appeal forms to Tulalip Court Clerk at:

Tulalip Tribal Court  
6332 31<sup>st</sup> Avenue NE Suite B  
Tulalip, WA 98271  
Tele: 360/716-4773 Fax: 360/716-0657





**IN THE TULALIP GAMING COURT  
TULALIP INDIAN RESERVATION  
TULALIP, WASHINGTON**

Appellant,	
vs.	
Appellee.	

**NO. TUL-CV-GA** \_\_\_\_\_

**NOTICE OF APPEAL AND REQUEST FOR  
GAMING APPEAL HEARING**

An appeal must be filed in Court within 14 calendar days of delivery of written notice of action appealed, or within 16 calendar days of the mailing thereof by certified mail.

I am requesting the Gaming Court to schedule a court date to hear testimony to determine if my revocation was justified. The notice of revocation must be attached.

The Tulalip Gaming Court has jurisdiction in this matter pursuant to T.T.C., Title 10, Chapter 10.5 because:

\_\_\_\_\_

**I. APPELLANT**

1.1 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Gaming License #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

**II. APPELLEE**

2.1 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### III. FACTS

3.1 Date notified of revocation of license: \_\_\_\_\_

3.2 The action appealed:

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3.3 State each separate reason for the appeal:

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### IV. RELIEF REQUESTED

4.1 I am requesting the following relief:

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**(Please attach all relevant documents pertaining to your appeal)**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_.

\_\_\_\_\_  
Appellant's signature