



SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT

P.O. Box 1340, Shingle Springs, CA 95682

Telephone: (530) 698 – 1446;

Website: <https://www.shinglespringsrancheria.com/tribal-court/>

INFORMATION OF PERSON REQUESTING
RECORDS:

Name: _____

Address: _____

Phone: () _____

(If applicable):

☐ Attorney/Advocate for:

REQUEST FOR RECORDS

[FOR COURT USE ONLY]

To: The Shingle Springs Band of Miwok Indians Tribal Court

Regarding: _____ Case No. _____
(name of party)

I am (*check which apply*): ☐ a SSBMI Tribal Member; ☐ a Party to the case referred above;

☐ Other: _____

I would like to request: (*check one or both*) ☐ inspection / ☐ copies* of the following from the Court records:

___ Complaint, Citation, Petition

___ Offense/Arrest Report

___ Appeal Judgment

___ Psychological/Psychiatric Report

___ Probation Report

___ Notice of Hearing

___ Investigation Report

___ Declaration

___ Home Evaluations

___ Other (*specify*):

___ Court Judgment/Order

___ Audio Tape

___ Last Will/Testament

___ Counseling Report

*There is no cost for inspection of records however, copying fees apply.

Requestor Name:	Case No.:
-----------------	-----------

[Note: Records for cases involving juveniles & participants with court-ordered wellness plan shall be open to inspection only by court order.]

These records will be used for the following specific purpose(s): _____

I declare under penalty of perjury under the laws of the Shingle Springs Band of Miwok Indians that the foregoing is true and correct.

Requestor's Signature

Date