



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 FILING FORM:

Name: _____

Address: _____

Phone: () _____

Email: _____

(Check which apply) I am:

- Petitioner
- Respondent
- Other: _____
- Attorney/Advocate for: _____

CASE NO.: _____

REQUEST FOR CLOSED HEARING

[FOR COURT USE ONLY]

Petitioner: _____ Respondent: _____

1. I am the Petitioner; Respondent; Tribe; Victim; Other: _____ and I am a Party to this case.
2. I understand that hearings regarding citations and protection orders for domestic violence are open to the public unless a party requests that the hearing be closed and provides a reason showing good cause to close the hearing.
3. A hearing is scheduled for _____ day of _____, 20____ at _____ am; pm.
4. (Check and read) I request that the Court close this hearing to the public.
5. I ask for this closure for the following reason(s): [You must provide a legally sufficient reason.]

CASE NAME:	CASE NO:
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I declare under penalty of perjury under the laws of the Shingle Springs Band of Miwok Indians that the foregoing is true and correct.

Party Requesting Closed Hearing [*PRINTED OR TYPED*]

Date: _____

Signature

[NOTE: Filing this form does not guarantee that your hearing will be closed. Your information will be reviewed by the judge who will decide whether to close the hearing. If your hearing is closed, it will not affect future hearings in this case which may be open to the public.]