



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY	TRIBAL BAR NO:	FOR COURT USE ONLY
FIRST AND LAST NAME:		
STREET ADDRESS:		
CITY:		
STATE:		
ZIP CODE:		
PHONE:		CASE NO:
EMAIL:		PARTY 1 / PETITIONER:
ATTORNEY FOR (<i>Full name</i>):		PARTY 2 / RESPONDENT:
WILTON RANCHERIA TRIBAL COURT 9245 LAGUNA SPRINGS DRIVE, SUITE 110 ELK GROVE, CA 95758 tribalcourtinfo@wiltonrancheria-nsn.gov 916.683.6000 ext.1002		
REQUEST FOR COPIES OF RECORDS		
TYPE OR PRINT USING BLUE OR BLACK INK.		

I, _____, ☐ PARTY 1 / PETITIONER ☐ PARTY 2 / RESPONDENT
☐ OTHER: _____, in the above-named case request copies of the following records from the Court.

Check the box for each record or group of records requested.

☐ COVER SHEET + PETITION	☐ SUMMONS	☐ ANSWER TO PETITION	☐ NOTICE OF HEARING
☐ MOTION (REQUEST FOR ORDER) ☐ ORDERS / DECISIONS ☐ WHOLE CASE FILE TO DATE			
☐ OTHER (<i>Specify</i>):			

TYPED / PRINTED NAME:	SIGNATURE:	DATE: