

**IN THE NOOKSACK TRIBAL COURT
FOR THE NOOKSACK INDIAN TRIBE
DEMING, WA**

In re:

Name(s) of Child(ren) or Vulnerable Adult

DOB(s)

_____,
Plaintiff(s)/Petitioner(s),

v.

_____,
Defendant(s)/Respondent(s).

Case No(s).

STATEMENT OF ADDRESS

COMES NOW _____ and, in this matter, I am/we are the
Name(s)

Plaintiff(s)/Petitioner(s) Defendant(s)/Respondent(s) _____
Party Type

Court Record:

- My address/contact information is not confidential, and will be available to other parties and individuals involved in this case.
- For genuine safety concerns, I request my address and contact information be confidential from the other party(ies) and/or the public to protect my health, safety, or liberty. I understand that my address will not become part of the Court record, but will be for Court use only.

The address where I agree to accept legal papers for this matter is:

Street Address/P.O. Box, City, State, Zip Code

(Optional) I also agree to accept legal papers for this matter at the following email address(es):

My contact phone number is (*check preferred*):

Home/Cell: _____ Work: _____

Co-Party: Home/Cell: _____ Work: _____

I understand that it is my responsibility to inform the Court of any address or contact information changes while this case is open. I understand that if my address or contact information changes, then I must submit a new *Statement of Address* form with accompanying proof of service to all parties (*if applicable*).

I certify under penalty of perjury under the laws of the Nooksack Indian Tribe, that the foregoing statement is true and correct to the best of my knowledge and belief.

Date

Party's Signature

Print Name

Date

Co-Party's Signature

Print Name