

SAGINAW CHIPPEWA INDIAN TRIBE OF MICHIGAN  
TRIBAL COURT

COURT FILE VIEW/COPY REQUEST FORM

1. Date of request: \_\_\_\_\_
  
2. Requested by: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone  
\_\_\_\_\_
  
3. Please specify the complete party name(s) and/or file number:  
\_\_\_\_\_  
File Number  
\_\_\_\_\_  
Party Name  
\_\_\_\_\_
  
4. Reason for request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Documents to be copied:  
\_\_\_\_\_

Signature: \_\_\_\_\_

**NOTE: ANY PERSONAL OR CONFIDENTIAL INFORMATION WILL BE REDACTED PRIOR TO THE RELEASE OF ANY COPIES.**

Court use only:

Accepted       Denied

Reason for denial: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Tribal Court Judge