INTERTRIBAL COURT OF SOUTHERN CALIFORNIA

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DOCUMENT REQUEST

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Contact Information Full name: ______ Last Middle Mailing address: Street City State Zip Phone number: Email address: Date of birth: **Photo Identification** A current driver's license or other form of photo identification must be submitted with this request. **Signature** Signature: ____ Once submitted, this request will be processed within 10 business days. Fees must be paid in full before documents will be released and requests with unpaid fees will be cancelled after 10 business days. Information included in this request may be used to update Intertribal Court of Southern California records. FOR COURT USE ONLY____ ☐ Approved (confirmation number): Amount due: ☐ Not appr Case name:

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