

**CROW TRIBAL JUVENILE COURT
RESEARCH REQUEST FORM**

“SIGNATURE” OF COURT PERSONNEL ASSISTING WITH THIS FORM:

S/ _____

TODAY’S DATE: _____ **PETITIONERS NAME:** _____

PHONE: _____ **(HOME)** _____ **(WORK)**

Child’s Name(s)

a) _____ **DOB:** _____

b) _____ **DOB:** _____

c) _____ **DOB:** _____

DATE FILED: _____ *(If the exact filing date is unknown, please provide the year the action may have been filed)*

Case No. _____ **(If known)**

Type of action:

GUARDIANSHIP

NAME CHANGE

CORRECTION OF BIRTH CERTIFICATE

ADOPTION *(PLEASE NOTE: A motion must be filed with the Court to open a sealed case file, once the motion is filed, a Tribal Judge will Order the case open for copies, or other information requested)*

Adoptions are sealed once it is completed.

OTHER (PLEASE EXPLAIN) _____

ARE YOU REQUESTING A CERTIFIED COPY OF AN ORDER? **YES** **NO**

A fee of \$1.00 per page and \$3.00 for certified copy of the Court Order

NOTE: ALLOW 2-3 DAYS FOR A COPY OF THE REQUESTED DOCUMENT. THE COURT WILL CONTACT YOU IF WE ARE UNSUCCESSFUL IN LOCATING YOUR FILE OR THE DOCUMENT YOU HAVE REQUESTED.

FOR OFFICE USE ONLY:

DOCUMENT REQUESTED: _____

Date Document Located & Case No. _____

Date Document Send to State of MT. or Other Agencies: _____

Explain Other Information: _____