

INTERTRIBAL COURT OF SOUTHERN CALIFORNIA

49002 Golsh Road Valley Center, California 92082

Phone: (760) 751-4142

Fax: (760) 751-3078

Web: www.intertribalcourt.org



DOCUMENT ASSISTANCE FORM

Case name: _____

Case number: _____

I, the undersigned, hereby state:

I received assistance completing the following document(s):

Document title(s): _____

from the following individual(s)*:

Full name: _____

Full name: _____

Mailing address: _____

Mailing address: _____

Telephone number: _____

Telephone number: _____

Email address: _____

Email address: _____

Title or relationship: _____

Title or relationship: _____

*If the individual is a professional, such as a social worker or court staff member, provide their work contact information and list their title and organization. If the individual is a family member or friend, provide their personal contact information and list their relationship to you.

and do do not consent to the Intertribal Court of Southern California contacting the individual(s) regarding the document(s).

I affirm my understanding that this Form should be filed with the document(s) with which I received assistance.

I further affirm that the statements set forth above are accurate and complete to the best of my knowledge.

Name

Signature

Date