

IN THE TRIBAL COURT OF THE CONFEDERATED
TRIBES OF SILETZ INDIANS OF OREGON

IN THE MATTER OF THE WELFARE OF:)
)

Name of child, DOB: _____ Roll# _____)

Indian Child Welfare Dept. (ICW))

Parent(s))

Roll# _____)

Roll# _____)

Roll# _____)

) Case No. FWC _____

NOTICE OF APPEARANCE
OF SPOKESPERSON

I, _____ request _____ to act as my
spokesperson in this matter. I authorize _____ to review any files
pertaining to this matter.

Name of Petitioner/Respondent Date _____

I, _____, state that I am a spokesperson for the Siletz Tribal Court,
and do accept the position of spokesperson to act on behalf of
_____ in the above-referenced matter.

Name of Spokesperson Date _____

IN THE TRIBAL COURT OF THE CONFEDERATED
TRIBES OF SILETZ INDIANS OF OREGON

IN THE MATTER OF:

vs.

)
)
)
)
)
)
)
)
)
)
)

Case No. _____

MOTION FOR WAIVER OF
SPOKESPERSON ANNUAL FEE

I, _____, Attorney/Spokesperson
for _____, do herein Motion for a Waiver of
Spokesperson Annual fee because:

Signature of Attorney/Spokesperson

Date

