## LITTLE RIVER BAND

## REQUEST FOR

| CASE | NO   |
|------|------|
| CAGE | 110. |

| OF OTTAWA INDIANS<br>TRIBAL COURT   | ORDERING TRANSCRIPT    |                 |                          |                                   |   |
|---|------------------------|-----------------|--------------------------|-----------------------------------|---|
| Court address   | <u> </u>               |                 |                          | Court telephone n                 | 5 |
| Plaintiff's name(s), address(es), and telephone   | no(s).                 | v               | Defendant's name(s),     | address(es), and telephone no(s). | _ |
| Regarding the(Type of Hearing)  |                        |                 |                          | held on                           | _ |
| (Type of Hearing)   |                        |                 |                          |                                   |   |
| (Date of Hearing)   | in the above-          | named matt      | er:                      |                                   |   |
| I hereby request:   |                        |                 |                          |                                   |   |
| a CD of the hearing (\$20.00 p  | per CD) *this does not | replace the red | quirement of a transcrip | t for the purposes of appeal      |   |
| a written transcript of the cou   | rt proceedings (\$3.0  | 00 per page     | )                        |                                   |   |
| I understand that I am required to transcript to be started.  Once the transcript is requested, I understand that if I fail to pay fo owing are paid in full. | I understand that I    | am respons      | ible for the full amo    | ount owed.                        |   |
| I understand that if I do not make<br>wages or per capita until paymen  |                        | e transcript    | upon completion, th      | ne Tribal Court may garnish my    |   |
| The transcript is needed for appe   | eal.                   |                 |                          |                                   |   |
|   |                        |                 |                          |                                   |   |
|   |                        |                 |                          |                                   |   |
|   |                        |                 |                          |                                   |   |
|   |                        |                 |                          |                                   |   |
|   |                        |                 |                          |                                   |   |
|   |                        |                 |                          |                                   |   |

Signature

Date