

**IN THE COURTS OF THE PUYALLUP TRIBE OF INDIANS  
FOR THE PUYALLUP INDIAN RESERVATION  
TACOMA, WASHINGTON**

In re:

\_\_\_\_\_ *Full Name(s) of minor child(ren) or vulnerable Tribal adult*

\_\_\_\_\_ *DOB(s) of minor child(ren) or vulnerable Tribal adult*

=====

\_\_\_\_\_,  
\_\_\_\_\_,  
Plaintiff(s)/Petitioner(s),

v.  
\_\_\_\_\_,  
\_\_\_\_\_,  
Defendant(s)/Respondent(s).

Case No. \_\_\_\_\_

**ADDRESS AUTHORIZATION FOR SERVICE BY:**

**FIRST CLASS MAIL**

**EMAIL**

**OTHER:** \_\_\_\_\_

**YOU MUST COMPLETE THIS FORM IF YOU ARE A PARTY TO THIS CASE**

My name is \_\_\_\_\_, and I am a party to this case.

I authorize to accept service by all parties and the court of all future pleadings, papers, and court orders for this case to the following address:

**FIRST CLASS MAIL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**(Optional)** I also authorize to accept legal papers at the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case No. \_\_\_\_\_

Address Authorization for Service

**I understand that it is my responsibility to inform this Court and the other party if my address changes while this case remains open. I must also provide the other party with a copy of a Notice of Address Change and file this with this Court.**

\_\_\_\_\_  
*Party Signature*

\_\_\_\_\_  
*Date*

/s/  
\_\_\_\_\_  
*Print Name – Party Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*

\_\_\_\_\_  
*Co-Party Signature (if any)*

\_\_\_\_\_  
*Date*

/s/  
\_\_\_\_\_  
*Print Name – Party Electronic Signature*

\_\_\_\_\_  
*Attorney/Advocate Bar No. (if applicable)*