

Medical Assistant Diver Packet



Fishing and Hunting

Contents:

- a) Dive Harvester's Guide
- b) Address Authorization for Service
- c) Request for Order

DIVE HARVESTER'S GUIDE

Fishing and Hunting - Medical assistant diver

This guide is for informational purposes only and the accuracy of this information is not guaranteed. This information is not legal advice and is not a substitute for legal advice. Court Clerks cannot give you legal advice.

A dive harvester experiencing a temporary medical condition that prevents the dive harvester from harvesting geoduck may request that a medical assistant diver harvest their individual quota.

1. Can anyone request for a medical assistant diver?

No. To submit a request the dive harvester must meet the criteria in P.T.C. § 12.12.300(b). A dive harvester must:

- be a Puyallup Tribal Member
- have a current, valid quarterly geoduck permit
- have a quota for the current quarter with pounds remaining for harvest
- be in compliance with the drug test provisions or other requirements of the Shellfish Code
- in all other respects be eligible to harvest under the Shellfish Code
- have a temporary medical condition that prevents the Tribal member from diving for a limited period of time

Meeting these criteria simply allows a dive harvester to *request* a medical assistant diver. Additional criteria must be met for a request to be authorized by Puyallup Tribal Court.

2. How do I request a medical assistant diver?

STEP 1: Read this guide carefully

Read this guide, and the Request for Order form, carefully in its entirety before completing the Request for Order included in this packet.

STEP 2: Gather Documentation/Information

To obtain an Order Authorizing a Medical Assistant Diver a dive harvester must submit information to the Court that only a doctor can provide. A dive harvester must submit a declaration or affidavit from his or her physician documenting the temporary medical condition. *A declaration or affidavit can be obtained from the doctor's office.* DO NOT submit medical records to the Court when submitting a request.

Second, a dive harvester must provide the Tribal Prosecutor a "full and unlimited release of medical information authorizing the Tribal Prosecutor to

obtain copies of the medical file..." (P.T.C. § 12.12.300(b)) The release needs to be assigned to the Tribal Prosecutor, NOT the Tribal Court.

STEP 3: Complete the Request for Order

It is important to complete the Request for Order with as much detail as possible so the Judge has enough information to conduct an initial hearing. Accurately providing all the requested information will help prevent unnecessary delays in the process.

STEP 4: Complete the Statement of Address Form

This document provides the Court, and any other parties to the action, with your contact information.

If, for genuine safety reasons, you are requesting your address to be confidential, then you must make this request to the Court while also providing your mailing address to the Court for service purposes. It is recommended that you file a Statement of Address form with this request and also leave your address blank on the petition to assist in ensuring that your address remains confidential.

STEP 5: File the Request for Order

To file the complaint/petition with the Court, submit the complaint/petition, any supplemental documents, and pay the filing fee to the Court, located at 1451 East 31st St. Tacoma, WA 98404, during business hours (Monday through Friday 8:00 a.m. – 5:00 p.m., closed for holidays).

Step 5.1: Submit to the Court Clerk

- Completed & signed Request for Order
- Statement of Address
- Doctor's declaration or affidavit of temporary medical condition
- Copy of the release of medical information provided to the Tribal Prosecutor

Step 5.2: Pay the filing fee to the Court Clerk

- Pay the \$20 filing fee or
- File a motion to request a fee waiver (if applicable)

Step 5.3: Receive from the Court Clerk

- Your receipt or a copy of the order waiving filing fees
- A file-stamped copy of your filings
- A file-stamped copy of your notice of hearing with date

3. What happens after I file the Request for Order?

The Court Clerk will provide the Tribal Prosecutor a copy of the documents the dive harvester submitted to the Court. The Tribal Prosecutor has 10 days to submit a response to the request.

4. What happens at the initial hearing?

The dive harvester requesting a medical assistant diver must show up at the hearing. The judge will consider the request, the Prosecutor's response, and based on the circumstances will make a decision on how to proceed.

5. What happens after the hearing?

What happens after the hearing depends on what the judge orders. Therefore, it is important to fully read any order issued by the judge and understand its contents because it will outline the next step in the process.

**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

Page 1 of 2

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)

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

In re request authorizing medical assistant
diver:

Case No. _____

Dive Harvester.

REQUEST FOR ORDER

COMES NOW, _____, Dive Harvester, pursuant to PTC § 12.12.300(b) and respectfully requests this Court enter an order granting a medical assistant Diver.

I state the following is true and correct to the best of my knowledge:

1. I am a Puyallup Tribal Member;
2. I have a current, valid quarterly geoduck permit;
3. I have a quota for the current quarter with pounds remaining for harvest;
4. I am not in violation of the drug test provisions or other requirements of this Code; and
5. I am in all other respects eligible to harvest under this Code, but am prevented from diving for a limited period of time by a temporary medical condition, in accordance with all of the criteria set forth in subsection 12.12.300 of the Puyallup Tribal Code.

I assert the following:

1. I have a temporary medical condition that prevents me, a dive harvester, from diving for a limited period of time;
2. My temporary medical condition is documented by a declaration or affidavit from my physician;
 The declaration or affidavit is attached.
3. I have granted a full and unlimited release of medical information authorizing the Tribal Prosecutor to obtain copies of the medical file and to interview, depose, and subpoena the physician for the purposes of determining and establishing the suitability of the application under the criteria of this subsection and supporting or opposing the same at trial in Tribal Court;

- A copy of the release of medical information that I provided the Tribal Prosecutor is attached.
- I have already provided the Tribal Prosecutor the release of medical information.
- 4. I have not received a previous dive medical permission for the current year; and
- 5. the person who is to perform the medical assistant dive, _____, is an eligible diver.

Based on the information above, I respectfully request this Court to enter an order authorizing _____ to be my medical assistant diver.

**** DO NOT SIGN UNTIL DIRECTED TO DO SO BY THE NOTARY PUBLIC ****

I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.

 Dive Harvester Signature
 /s/

 Print Name – Party Electronic Signature

 Attorney/Advocate Bar No. (if applicable)

 Date

Signed and sworn to before me on _____, by _____.

Date

Affiant

Notary _____
Signature

Notary Public in and for the
 State of: _____

County of: _____

My commission expires: _____

Affix stamp or seal

 Proposed Medical Diver Signature
 /s/

 Print Name – Party Electronic Signature

 Attorney/Advocate Bar No. (if applicable)

 Date

Signed and sworn to before me on _____, by _____.

Date

Affiant

Notary _____
Signature

Notary Public in and for the
 State of: _____

County of: _____

My commission expires: _____

Affix stamp or seal