

IN THE DISTRICT COURT OF THE
MIAMI TRIBE OF OKLAHOMA

REQUEST FOR COPY OF DOCUMENT(S)

INSTRUCTION SHEET

1. Complete Request for Copy of Document(s) form.
2. Sign and date the Request for Copy of Document(s) form.
3. Submit Request for Copy of Document(s) form **AND** \$5.00 (initial copy fee) cashier's check or money order made payable to the "Miami Tribe of Oklahoma District Court" to the Court Clerk's office. To pay by phone, please contact the Court Clerk at the number below.

The \$5.00 initial copy fee **MUST** be paid at the time you submit the Request for Copy of Document(s).

Copy/Research Fees:

\$.25 per page – Non-Court Documents

\$.50 per page – Court Documents

\$3.00 Certified Copy Fee

\$5.00 Research Fee

Request for Copy of Documents may take up to 5 business days. The Court Clerk will contact you at the telephone number, email address, and/or address you listed in the Request for Copy of document(s) should additional fees be required for processing your request.

Court Clerk's Office Hours:

8:00 AM – 4:30 pm (closed 12:00 pm – 1:00 pm) Monday – Thursday

8:00 AM – 3:00 pm (closed 12:00 pm – 1:00 pm) Friday

Closed on all Federal holidays

Court Clerk's Office Mailing Address:

P.O. Box 1326

Miami, Oklahoma 74355-0970

Court Clerk's Office Contact Information:

Karissa Cantwell, Court Clerk

Email: kcantwell@miamination.com

Phone: (918) 541-1456

Fax: (918) 542-2117

**IN THE DISTRICT COURT OF THE
MIAMI TRIBE OF OKLAHOMA**

REQUEST FOR COPY OF DOCUMENT(S)

Case No.: _____

Case Name: _____

Document(s) Requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Petition/Application | <input type="checkbox"/> Notice of Hearing | <input type="checkbox"/> Order/Decree |
| <input type="checkbox"/> Summons | <input type="checkbox"/> Court Minute | <input type="checkbox"/> Complete Case File |
| <input type="checkbox"/> Other, specify: _____ | | |

The document(s) requested is for the following purpose:

- | | |
|--|--|
| <input type="checkbox"/> Never Received | <input type="checkbox"/> Misplaced/Lost or Destroyed |
| <input type="checkbox"/> Other, specify: _____ | |

Name: _____ Telephone No.: _____

Mailing Address: _____
(Mailing Address – Include City, State and Zip Code)

Email Address: _____ No email address

Signature: _____ Date: _____
(REQUEST WILL NOT BE PROCESSED WITHOUT THE SIGNATURE AND APPROPRIATE FEES)

****FOR COURT CLERK'S OFFICE USE ONLY****

Date Received: _____ Received by: _____ Initial Copy Fee: \$5.00

Cashier's Check/Money Order No. _____ Court Receipt No.: _____

- Copy/Research Fee: A fee is to be paid for a copy/research of the document(s).
- \$.25 per page – Non - Court Documents (No. of pages/copies _____)
 - \$.50 per page – Court Documents (No. of pages/copies _____)
 - \$3.00 Certified Copy
 - \$5.00 Research Fee

Court Clerk Notes:

CERTIFICATION OF COMPLETION

I, the undersigned Court Clerk, hereby certify that I emailed, faxed, or hand delivered, a true and correct copy of the requested document(s), to the requestor on this _____ day of _____, 20____.

Court Clerk/Deputy