



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.

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

Fees:

\$.50 per page

\$3.00 Certified Copy Fee

\$10.00 Certified Mailing

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:

Michelle Lankford, Court Clerk

Email: mlankford@miamination.com

Phone: (918) 541-1456

Fax: (918) 542-2117



REQUEST FOR COPY OF DOCUMENT(S)

Case No.: _____

Case Name: _____

Document(s) Requested:

- Petition/Application Notice of Hearing Order/Decree
 Summons Court Minute Complete Case File
 Other, specify: _____

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

- Never Received Misplaced/Lost or Destroyed
 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 Date Paid: _____ Check/Money Order No. _____
 \$.50 per page (No. of pages/copies _____) Total: \$ _____
 \$3.00 Certified Copy
 \$10.00 Certified Mailing
Total Charges: \$ _____ Date Paid: _____ Check/Money Order No. _____

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