

# Medical Assistant Diver Packet



## Fishing and Hunting

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# **DIVE HARVESTER'S GUIDE**

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*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. There are other criteria that must be met for a request to be authorized by the 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. The Request for Order is 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 fill out the Court's address as your address on the petition. Put your actual address on the Statement of Address form so that your address may remain confidential.*

**STEP 5: File the Request for Order**

To file the Request for Order with the Court, submit the Request for Order, any supplemental documents, and pay the filing fee of \$20 to the Court Clerk during business hours (M-F 8 a.m. - 5 p.m., closed for holidays). The Clerk's office is located inside the Puyallup Tribal Court facility, at 1451 East 31st St. Tacoma, WA 98404.

**Step 5.1: Submit to the Court Clerk**

- Completed & notarized 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**

- \$20
- Get a receipt

**Step 5.3: Get your hearing date**

- Get a copy of the Request for Order, with copies of any supplemental documents
- Get a notice of hearing with the hearing 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.



5. I understand that it is my responsibility to inform the Court of any address or contact information changes while this case is open. I understand that if my address or contact information changes, then I must submit to this Court a new *Statement of Address* form with accompanying proof of service to all parties (*if applicable*).

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

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

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

\_\_\_\_\_  
*Print Name*

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

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

\_\_\_\_\_  
*Print Name Co-Party (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.

*I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and all attachments are true and correct to the best of my knowledge and belief.*

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



Date: \_\_\_\_\_ Affiant's Signature: \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_.

Date Affiant

Notary \_\_\_\_\_

Signature

Notary Public in \_\_\_\_\_  
 State of: \_\_\_\_\_  
 County of: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_



*Affix stamp or seal*



PLEASE TAKE NOTICE: Notary requirements are waived until further notice per General Order No. 2020-0002, et seq. Please sign and date this form without a Notary.