

2. The address where I agree to accept legal papers for this matter is:

Street Address or P.O. Box

City

State

Zip Code

3. (**Optional**) I also agree to accept legal papers for this matter at the following email address: _____

4. My contact phone number(s) is(are) (**check preferred**):

_____ _____ _____

Home

Cell

Work

Co-Party: _____ _____ _____

(if any)

Home

Cell

Work

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 any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.

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)

Case No. _____

STATEMENT OF ADDRESS

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