IN THE CHICKALOON VILLAGE
TRADITIONAL TRIBAL COURT

Please print clearly using blue or black ink.

In re the protection of: _____ Petitioner Name DOB v. _____ Name DOB Respondent.	**Case No.** _____ **DECLARATION OF** _____ **(Protection Order)**

This declaration is made by:

Name: _____

Age: _____

Relationship to the parties in this action: _____

I declare the following:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Chickaloon Village Traditional Tribal Court
PO Box 1105
Chickaloon, AK 99674
Tel. (907)982-6428 | Fax (907)745-0709

☐ Additional Pages are attached.

Signature and Declaration

I certify under penalty of perjury under the laws of Chickaloon Village and the State of Alaska that all the information provided in this declaration and any attachments is true and correct.

Signed at *(City and State)*:_____ Date:_____

_____ _____

Sign here *Print name*

Important! This document and all attachments must be served on the other party.

Chickaloon Village Traditional Tribal Court
PO Box 1105
Chickaloon, AK 99674
Tel. (907)982-6428 | Fax (907)745-0709

DECLARATION OF SERVICE

☐ The Petitioner's address is confidential and I request the Court Clerk to deliver copies of these documents to the Petitioner on my behalf.

I _____ certify that I am over the age of 18 and served the following documents on the Petitioner in this matter:

☐ Declaration
☐ Attachments

On _____ these documents were sent by first class mail to the following address:

_____

_____

_____

I certify under penalty of perjury under the laws of Chickaloon Village and the State of Alaska that the foregoing is true and correct.

Signed at *(City and State)*:_____ Date:_____

_____ _____
Sign here *Print name*

Chickaloon Village Traditional Tribal Court
PO Box 1105
Chickaloon, AK 99674
Tel. (907)982-6428 | Fax (907)745-0709