NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS IN THE COURT OF CENTRAL JURISDICTION

District I	District II	□ District III
In the Matter of:		Case File No
On behalf of: Other persons needing prote	, Petitioner. ection (first, middle, last name)	
and for her/himself	, ,	PETITIONER'S REQUEST TO KEEP ADDRESS/PHONE NUMBER CONFIDENTIAL (HRO)
V.		
	Respondent.	

This form is used to request that the Court keep a Petitioner's address and phone number confidential in a case requesting a Harassment Restraining Order (HRO). **Your request only applies to this HRO case.** There may be other cases in the court records involving you, where your address is public. **Notice:** The Court needs your full mailing address and phone to be able to send you notices and orders in your case.

1. New Request

□ I am petitioning for a HRO and request that the Court keep <u>my</u> home address confidential and not accessible to the public.

My address:

Street:	
City, State, Zip:	
C/O:	

	(If staying at a shelter or someone else's home, put his/him/their name here to make sure the Post Office delivers mail to you at this address.)
	I am petitioning for a HRO and request that the Court keep <u>my</u> phone number confidential and not accessible to the public.
	My phone number is: ()
	Can court staff leave messages at this number? Yes No
	I want to keep the home address of a protected party other than me confidential and not be accessible to the public.
	Protected party's name:
	Protected party's address:
	Street:
	City, State, Zip:
	C/O:
	(If staying at a shelter or someone else' home, put his/him/their name here to make sure the Post Office delivers mail to the protected person at this address.)
2.	Updated Information
	I have a HRO and I am notifying the court of a change in address and/or phone number. I ask

the Court to keep the updated address and/or phone number confidential.

My updated information is as follows:

My phone number is: ()	
Can court staff leave messages at this number? \square Yes	□ No
My updated address is: Street:	

City, State, Zip:

C/O:

(If staying at a shelter or someone else' home, put his/him/their name here to make sure the Post Office delivers mail to the protected person at this address.)

Dated: _____

Petitioner's Signature

Petitioner's Name Printed