

## Tribal Court Development Initiative – Technical Assistance Request Form

Organizations/Tribe	e		
Street Address	City	State	Zip Code
T Nome	Einst N	<u></u>	Middle Initial
Last Name	First N	ame	Middle Initial
Title			
Phone F			Email
Statement of Need:			
Requested Assistanc  Site Visit/Assessr  Training			
□Other:			
Fax Form To: 866	6 532 3558 Attn: A1	nanda Smith or emai	il roundtables@ccthita-nsn.gov
TUATUM TO: 00.		uestions, please call 90	
		For Office Use only	
Description of Age	ncy Action:		
☐ Site Visit, Name	of agency/consultar	nt conducting visit:	
☐ Regional Trainir	ng Provided		
☐ Directed to train	ing event		
☐ Other:			
Completed by:		Da	te:

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