



TRIBAL COURT PROGRAMS

THE CONFEDERATED TRIBES OF GRAND RONDE COURT PROGRAMS

PEACEMAKER SESSION REQUEST FORM

Contact Information for the Involved Parties:

Party #1		Party #2	
Name:		Name:	
Address:		Address:	
State, City, Zip:		State, City, Zip:	
Phone Number:		Phone Number:	
Email:		Email:	
Tribe / Roll #: (if applicable)		Tribe / Roll #: (if applicable)	

Please explain the general nature of the dispute:

(Attach additional sheets of paper if necessary)

Time Needed / Availability:

Approximate amount of time needed for session(s):	
List preferred dates / times for session(s):	
List any dates / time you <u>are not available</u> for a session:	



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Party #1:

I, _____, hereby agree to enter into a
(Print Name)
Peacemaking conference to resolve my dispute.

Party #1 Signature

Party #2:

I, _____, hereby agree to enter into a
(Print Name)
Peacemaking conference to resolve my dispute.

Party #1 Signature

Peacemaker conferences cannot be conducted for any disputes arising under the Tribe's Indian Child Welfare Ordinance.

No party to a Peacemaker conference may be represented by an attorney.

Instructions to Return Peacemaker Session Request Forms:

Mail the completed and signed forms to the Tribal Court Programs Coordinator via U.S. Mail to:

Confederated Tribes of Grand Ronde Tribal Court
Attn: Tribal Court Programs Coordinator
9615 Grand Ronde Rd.
Grand Ronde, OR 97347