

PARALEGAL SERVICES NOW AVAILABLE

The Sac and Fox Nation Tribal Court is pleased to announce that paralegal services are now being offered at the Sac and Fox Nation Justice Center. This service is to help alleviate the pressure placed on the prose litigants, litigants who may not be able to afford the luxury to hire legal assistance. Without the aid of legal expertise, litigants often enter the judicial system unprepared for the complicated process and may leave dismayed by the results. In recognition of this problem, the Sac and Fox Nation Tribal Court and Oklahoma Indian Legal Services have been in collaboration to provide the tribal members with a paralegal to offer

assistance to prose litigants in preparing their legal documents and understanding the judicial process.

The paralegal provided through Oklahoma Indian Legal Services is on-site three (3) times a month to assist enrolled tribal members with preparation of legal documents, help in understanding the judicial process, assisting court administration in issuing Orders and Decrees, directing litigants to outside organizations for further assistance, preparation of wills and referrals for further legal advice.

Contact the Court Clerk's Office at 918-968-2031 for dates and times.



Tristian Salazar (Photo provided by Agnes Hiney)

Tristan Salazar Attends University of Central Oklahoma

Tristan is the 19-year-old grandson of Agnes Hiney and the son of Andreia Walker and Samuel Salazar. He is the grandson of the late Jeff Walker Sr. and the late Sybil (Cross) Walker. His great grandfather is Richard Walker. Also Tristan's great great grandmother was Katie Walker (Called her by grandma "Pat" and his great uncle is SGT Elvis E. Ellis U.S. Air Force.

While attending high school he was active in HOSA, Mini Indian Club, track,

cross-country, band, vocal, yearbook, FCCLA, Spanish club, and science club.

He has been on the Principal's rolls and was selected as a Junior Rotarian.

He enjoys singing, fishing, Netflix, PS4, reading and listening to country music.

After graduating high school Tristan enrolled at the University of Central Oklahoma where he is a ROTC Cadet and currently is working to earn a Forensics Science degree to work in DNA Analysis.

URGENT NOTICE TO VETERANS
 Men and Women especially WW1, WW2 and Korean
 The Sac and Fox National Public Library
 is asking for your
 DD 214's for their records and
Memorial Monument Purposes
 See Cathrine Walker 1-918-968-3526 Ext. 2022

Indian Child Welfare Department
 Located at
Shawnee Multi Purpose Building
 215 North Harrison Ave
 405-275-1262

ATTENTION TRIBAL MEMBERS
 A MEMBER OF THE TAX COMMISSION STAFF
 WILL NOW BE AT
THE SHAWNEE MULTIPURPOSE CENTER
 TWICE A MONTH.
 THE TAX COMMISSION WILL BE THERE ON
THE FIRST (1st) AND FOURTH (4th)
THURSDAYS DECEMBER ONLY.
 WE WILL BE ABLE TO BETTER SERVE TRIBAL
 MEMBERS LIVING IN THE SHAWNEE AREA WITH
 MOTOR VEHICLE REGISTRATION AND ANY
 OTHER SERVICE THAT WE CAN ASSIST YOU WITH.



The Sac and Fox National Public offers two computers geared toward our youngest patrons. The computers have an assortment of games and fun programs for babies through early grade school.
 (Shhh. Some games are even educational, but you don't have to tell them that!)
 Help your little ones get a leg up by calling (918-968-3526, Extension 2021) or drop by for more information.

SAC AND FOX NATION RAP ASSISTANCE APPLICATION

FAX: 918-968-4207
 PH: 918-968-3526
 EXT: 2000 & 2001
 RAP APP
 Form#2011-01

NAME _____ PHONE # (_____) _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 BIRTHDATE ____/____/____ SOCIAL SECURITY # xxx-xxx-(____) SFN ROLL # _____
 Sac and Fox Nation tribal membership will be verified by the Sac and Fox Nation RAP Department
 Please List Statement of Need: _____
Please Provide the Following:
 The bill you are requesting assistance with & proof of residence if the bill is not in your name.

Type of Assistance Requested (Please Check All That Apply)

<input type="checkbox"/> Tribal Energy	<input type="checkbox"/> Elders Lawn Care	<input type="checkbox"/> Dental
<input type="checkbox"/> Hardship	<input type="checkbox"/> Emergency Appliance	<input type="checkbox"/> Dentures
	<input type="checkbox"/> Vision	<input type="checkbox"/> Orthodontic
		<input type="checkbox"/> Hearing Aid

****NOTE****
 You must receive an award letter **PRIOR** to receiving any Health services requested above. If you receive services prior to an award letter being issued, you are responsible for the charges.

CLIENT'S STATEMENT OF RIGHTS AND RESPONSIBILITIES
 I hereby authorize the Sac and Fox Nation RAP Department to make any necessary inquiries relating to my account's which the RAP Department may be considering making payment on my behalf. I understand that I have the right to a hearing of any action of the Sac and Fox Nation, which I consider improper, and also any unreasonable delay in decision. (Request for fair hearings may be made in writing to the Business Committee of the Sac and Fox Nation, 920883 S. Hwy. 99 Bldg. A, Stroud, OK 74079) I understand that any person who knowingly, willfully and fraudulently provides false information for the purpose of obtaining benefits which he/she is otherwise ineligible to receive; may be subject to prosecution to the fullest extent to the appropriate Tribal statutes.

DATE _____ SIGNATURE OF APPLICANT OR GUARDIAN _____ GUARDIAN FOR _____
 _____ PERSON ASSISTING WITH APPLICATION _____ RELATIONSHIP TO APPLICANT _____
 DATE _____ RAP SPECIALIST _____

Approved by BC October 2014

SAC AND FOX NATION
 920883 S Hwy. 99 Building A • Stroud, Oklahoma 74079 • (918) 968-1141 • FAX (918) 968-1142

NAME CHANGE AND/OR CHANGE OF ADDRESS FORM

NAME
 PRINT CURRENT FULL NAME (First, Middle & Last) _____ ROLL NUMBER _____
 SIGNATURE _____ DATE _____
 A COPY OF THE LEGAL DOCUMENT CHANGING YOUR NAME AND A COPY OF YOUR NEW SOCIAL SECURITY CARD MUST BE ATTACHED.
 PLEASE LIST PREVIOUS NAME (PRINT) _____ DATE OF BIRTH _____

MAILING ADDRESS

OLD	NEW
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____

STREET ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)

OLD	NEW
STREET ADDRESS _____	STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____

CHANGE OF ADDRESS FOR MINORS REQUIRE A W-9 FORM BE COMPLETED FOR THE BANK. PLEASE REQUEST A FORM FOR EACH CHILD FROM THE ENROLLMENT DEPARTMENT, 918-968-3526 ext. 1040 or 1041.

TO BE COMPLETED BY THE ENROLLMENT DEPARTMENT

Date Electronic File Was Updated _____ Date Sac and Fox News Was Notified _____ Staff Initials _____