



# Ho-Chunk Nation

## Department of Justice

Request for Information

### Requester:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Note to Requester: Pursuant to the Ho-Chunk Nation Discovery Act (hereinafter "Act"), this Act generally prohibits disclosure in proceedings where the Ho-Chunk Nation (hereinafter "Nation") is not a party without the prior written approval of the Ho-Chunk Nation Attorney General and a notarized release of information from the Employee/Former Employee, Patron and/or Tribal Member. Such information on an Employee/Former Employee, Patron, and/or Tribal Member is highly confidential and without such approval and notarized release, the Nation cannot release such information as requested.

### Information Requested:

Please provide as much information as you can on subject of information request.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

HCN Tribal Number: \_\_\_\_\_ Employee Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Specific information requested:

Why has this information been requested:

Return information to:

### Requester:

Signature: \_\_\_\_\_ Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

All requests for information should be submitted to [sue.thompson@ho-chunk.com](mailto:sue.thompson@ho-chunk.com)

### Department of Justice:

Approval Status:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attorney General  
Ho-Chunk Nation