

SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT P.O. Box 1340, Shingle Springs, CA 95682

INFORMATION OF PERSON FILING FORM:	CASE NO.:
Name:	DISENROLLMENT/APPLICATION DENIAL [FOR COURT USE ONLY]
Address:	
Attorney for:	
Petitioner:	Respondent:
(month/day/year) 3. Date that notice of judgment was mailed to/(month/day/year). C. NATURE OF ACTION 1. Please explain how the Shingle Sprin Association, or other Tribal Code, policy or regulated.	able dates):
Continued in Attachment C1.	

CASE NAME:	CASE NO:
D. DISENROLLMENT/DENIAL INFORMATION 1. PARTY AND ATTORNEY INFORMATION a. Please include a list of all the parties are in the appeal. For the parties, include the following inform the disenrollment court proceeding (petitioner, refollowing information: name, State Bar number, mailing mail address.	d all their attorneys of record who will participal rmation: the party's name and his/her designation pondent, etc.). For the attorneys, include the
Continued in Attachment D1a. 2. OTHER a. Please include below or attach as enrollment status pre and post-trial. (Include addition decision of the Enrollment Committee/Tribal Council.)	all relevant information about the petitioner al information which could possibly change th
Continued in Attachment D2a.	
Filed this day of,,	
(TYPE OR PRINT NAME)	(SIGNATURE)