



SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT

P.O. Box 1340, Shingle Springs, CA 95682

Telephone: (530) 698 – 1446;

Website: <https://www.shinglespringsrancheria.com/tribal-court/>

INFORMATION OF PERSON FILING FORM:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (     ) \_\_\_\_\_

(If applicable):

☐ Attorney/Advocate for:

CASE NO.: \_\_\_\_\_

**COVER SHEET**  
[FOR COURT USE ONLY]

CASE NAME: (i.e. *Smith v Jones* or *In the Matter of X*) \_\_\_\_\_

CASE TYPE: (i.e. *guardianship, enrollment appeal etc.*): \_\_\_\_\_

I, (print or type name of person filing) \_\_\_\_\_,  
submit the following documents to be filed in the above named case:

FORM NUMBER	FORM TITLE

☐ (check if applies) Additional documents listed on attached page.

I am submitting these documents as or on behalf of:

☐ Petitioner;      ☐ Respondent;      ☐ Other interested party (Please print or type name):

Total number of pages attached: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature