



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: () _____

(Check if applies):

☐ Attorney/Advocate for:

CASE NO.: _____

PROOF OF SERVICE

[FOR COURT USE ONLY]

(Chose which applies:)

Petitioner: _____ Respondent: _____

Or

In the Matter of: _____

NOTE: Personal service means: “1. Hand delivering to the person being served; or 2. Leaving a copy at the individual’s dwelling or usual place of abode with someone of suitable age and discretion who resides there; or 3. Delivering a copy to an agent authorized by appointment or by law to receive service of process.” (*Shingle Springs Band of Miwok Indians Tribal Court Rules, Rule 1.8 (C)*).

I, _____, swear to the following:

1. I am over eighteen (18) years of age and not a party to this action.
2. I am serving documents on behalf of _____, who is the:
(check one) ☐ Petitioner ☐ Respondent.
3. I served the following documents:
☐ Summons
☐ Petition for (title) _____
☐ Other (specify each document by title):

CASE NAME:

CASE NO:

4. I served the documents on the **person or persons**, below: *(list name/s)*

5. I served the documents by *(check boxes/complete information that applies)*:

- a. ☐ **personal service.** I hand delivered the documents listed in item 3 to the party/ies or person(s) listed in item 4 at the following location/date: *(city)* _____, State of _____ on *(month/day/year)* ____/____/____ at ____:____ *(circle one)* am/pm.
- b. ☐ **mail.** I served the documents listed in item 3 to the party listed in item 4 by enclosing the documents in an envelope and on *(month/day/year)* ____/____/____ from *(city)* _____ State of _____ AND by:
- i. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid, by return receipt requested to the address below;
- ii. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid, by registered or certified mail, return receipt requested to the address below;
- iii. ☐ **placing** the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business' practice for collecting and mailing; it is deposited in the ordinary course of business with the United States Postal Service. The envelope was mailed to the address listed below in item (e).
- c. ☐ **on agent.** I hand delivered the documents listed in item 3 to the agent authorized by appointment or by law to receive service of process for the party listed in item 4 at the following location/date: *(city)* _____, State of _____ on *(month/day/year)* ____/____/____ at ____:____ *(circle one)* am/pm.
Name of Agent: _____
Authority granted to agent by:
☐ Appointment (specify authority designating the agent): _____
☐ Law (specify statute, regulation, or other law designating the agent): _____
- d. ☐ **subsequent papers.** *(Only available after first round of documents have been served on all parties)* I served the document listed in item 3 to the party listed in item 4, on *(month/day/year)* ____/____/____ from *(city)* _____ State of _____ by:
- i. ☐ enclosing the documents in an envelope and **depositing** the sealed envelope with the United States Postal Service with first class postage fully prepaid to the address below; OR
- ii. ☐ **emailing** as agreed to in writing or on the record by the parties to the following electronic address: _____.

CASE NAME:	CASE NO:
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e. The envelope was addressed and mailed as follows: *(for items b & d(i))*:

f. ☐ Additional page describing service is attached.

6. I am:

- ☐ not a registered, for-pay process server.
☐ a registered, for-pay process server.
☐ an employee or independent contractor of a registered, for-pay process server.

7. My name, address, telephone number, and, if applicable, county of registration and number are (specify):

a. Name: _____

b. Address: _____

c. Telephone number: (_____) _____ - _____

d. County of registration and number:

e. The fee for service was: \$_____._____ *(please explain charges)*:

I declare under penalty of perjury under the laws of the Shingle Springs Band of Miwok Indians that the foregoing is true and correct.

Date: _____

PRINT NAME

SIGNATURE