



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: () _____

Attorney/Advocate for:

CASE NO.: _____

RESPONSE TO CIVIL PETITION
[FOR COURT USE ONLY]

Petitioner: *(Name of person suing)* _____

Respondent: *(Name of person being sued)* _____

1. I am the Respondent/a Party in this case or the legal representative of Respondent. *[NOTE: If you are the Attorney/Lay Advocate you may be required to pass the Tribal Bar Examination prior to representing your client.]*
2. I *(check one)* was was not given a copy of the Petition filed against Petitioner.
3. *(If you were given a Petition)* Provide date that you received the Petition:
(Month/Date/Year): _____
4. I respond to the claims in the Petition as follows:
 - a. I *(check one)*:
 - agree completely;
 - disagree completely;
 - disagree with some but agree with some of what is stated in the Petition.

CASE NAME:	CASE NO.:
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CERTIFICATE OF SERVICE

(To be completed by third party on behalf of the Respondent)

I CERTIFY that on the _____ day of _____, 20____ a true and accurate copy of this **RESPONSE TO CIVIL PETITION** was served on the other parties whose names are listed below:

The parties were served by: *(check all that apply)*

- Personal Service on the _____ day of _____, 20____.
 - electronic mail (email) as agreed upon by the parties on the _____ day of _____, 20____.
- The email address/es served is/are: _____

by placing it in the United States Postal Service mail, postage pre-paid, and addressed to the above-named person at his/her last known post office address which is:

I was unable to effect service and I am returning the same because: *(please list all attempts and explain why attempts were unsuccessful. Attach additional sheets, if necessary.)*

Date

Signature

Printed Name