



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 which apply) I am:

Tribal Representative

Relative

Conservatee

Other: _____

Attorney/Advocate for:

CASE NO.: _____

REQUEST FOR REVIEW HEARING

[FOR COURT USE ONLY]

In re Conservatorship of: (*Conservatee's name*) _____

1. I, (*your name*) _____, am: (*check which apply*)

the Tribal Services Advocate in the Conservatorship of the Conservatee;

a Tribal Representative appearing on behalf of the Tribe;

Relative of Conservatee (*specify*): _____

Other: (*specify*): _____

2. I believe that the Conservator is not fulfilling his/her duties towards the Conservatee in a manner required under the Tribal law.

3. I believe this to be true for the following reasons: _____

CASE NAME:	CASE NO:
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4. Check here if additional sheets or exhibits are attached.

5. I am requesting that the Tribal Court set a review hearing in this Conservatorship.

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: _____
Person Requesting Hearing [*PRINTED OR TYPED*]

Signature

NOTE: Tribal Law states that anyone filing this Request must have reason to believe that a Conservator is not acting in the best interest of the Conservatee.