



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 RESPONDING:

CASE NO.: _____

Name: _____

Address: _____

Phone: () _____

Email: _____

(If applicable):

☐ Attorney/Advocate for:

RESPONSE TO MOTION

[FOR COURT USE ONLY]

I am the _____ Plaintiff/Petitioner _____ Defendant/Respondent in this action. I respond to the claims in motion as follows:

1 I, (choose one):

- a. ☐ I agree with the request in the Motion filed by the other side in this case.
b. ☐ I disagree with the request and/or the information in the Motion because: _____

c. ☐ I disagree in part but I do agree with the following: _____

2 If you disagree or disagree in part with the request for information described in the Motion, please provide your information about each incident that you disagree with. Describe what you would like the Court to do instead.

CASE NAME:

CASE NO.:

(Attach additional sheet, if needed.)

Attach additional sheets of paper, if needed. Check if ☐ additional sheets attached.

- 3 If there are any additional facts or issues you wish to dispute, please provide that information below. Please provide the question number on the Petition in order for the court to understand the question you are disputing.

(You may attach additional sheets if you need more space to write your answer.)

Check if ☐ additional sheets attached.

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

Signature

Date

CASE NAME:	CASE NO.:
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CERTIFICATE OF SERVICE

(To be completed by third party on behalf of the Person filing Response)

I CERTIFY that on the ____ day of _____, 20____ a true and accurate copy of this **RESPONSE TO MOTION** 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