



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:

- Petitioner
- Respondent
- Other: \_\_\_\_\_
- Attorney/Advocate for: \_\_\_\_\_

\_\_\_\_\_

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

**REQUEST FOR WITNESS APPEARANCE**

[FOR COURT USE ONLY]

Petitioner: \_\_\_\_\_ Respondent: \_\_\_\_\_

I, \_\_\_\_\_, in the above-entitled matter, request the following individual(s) be summoned to appear before the Shingle Springs Band of Miwok Indians Tribal Court.

1. I request the appearance to be made:

in person at the Tribal court located on the Shingle Springs Rancheria, 5281 Honpie Road, Placerville CA 95667; OR

virtually via online/phone appearance.

2. The date and time of the Court hearing is as follows: the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the hour of \_\_\_\_\_ a.m./p.m..

3. Name and Address of Party requested to appear: \_\_\_\_\_

CASE NAME:	CASE NO:
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\_\_\_\_\_  
\_\_\_\_\_

4. Brief statement of what their testimony will be: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name and Address of Party requested to appear: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Brief statement of what their testimony will be: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature