

INFORMATION OF PERSON FILING FORM:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Attorney for: \_\_\_\_\_

SHINGLE SPRINGS BAND OF MIWOK  
INDIANS TRIBAL COURT  
P.O. Box 531, Shingle Springs, CA 95682

**DISENROLLMENT/APPLICATION  
DENIAL  
[FOR COURT USE ONLY]**

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

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

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

**A. APPEALABILITY**

1. Appeal is from:

- Disenrollment with a hearing
- Disenrollment without a hearing
- Denial of application for enrollment

**B. TIMELINESS OF APPEAL (Provide all applicable dates):**

1. Date of disenrollment hearing: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

2. Date of resolution by Tribal Council disenrolling plaintiff: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year)

3. Date that notice of judgment was mailed to the plaintiff by the Enrollment Committee:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year).

**C. NATURE OF ACTION**

1. Please explain how the Shingle Springs Rancheria Enrollment Ordinance, Articles of Association, or other Tribal Code, policy or regulation has been violated. *(If known, please include what chapter/section of the Shingle Springs Rancheria Articles of Association and/or Tribal Code/Ordinance has been violated.)*

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Continued in Attachment C1.

D. DISENROLLMENT/DENIAL INFORMATION

1. PARTY AND ATTORNEY INFORMATION

a. Please include a list of all the parties and all their attorneys of record who will participate in the appeal. For the parties, include the following information: the party's name and his/her designation in the disenrollment court proceeding (plaintiff, defendant, etc.). For the attorneys, include the following information: name, State Bar number, mailing address, telephone number, fax number, and e-mail address.

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Continued in Attachment D1a.

2. OTHER

a. Please include below or attach as all relevant information about the plaintiff's enrollment status pre and post-trial. *(Include additional information which could possibly change the decision of the Enrollment Committee/Tribal Council.)*

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Continued in Attachment D2a.

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)