



SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT  
P.O. Box 1340, Shingle Springs, CA 95682

INFORMATION OF PERSON FILING FORM:

CASE NO.:

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

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

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

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

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 petitioner: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/day/year)

3. Date that notice of judgment was mailed to the petitioner 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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\_\_\_\_\_  
\_\_\_\_\_  
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Continued in Attachment C1.

