



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:

- Partner A
- Partner B
- Other: _____
- Attorney/Advocate for: _____

CASE NO.: _____

**RESPONSE TO NOTICE OF
TERMINATION OF DOMESTIC
PARTNERSHIP**
[FOR COURT USE ONLY]

Partner A: _____ Partner B: _____

1. I am Partner ____ in this case.
2. I (check one) was was not given a copy of the Master Settlement Agreement which I had previously signed.
3. I reside:
 - a. on the Rancheria.
 - b. off the Rancheria.
4. I respond to the Notice of Termination of Domestic Partnership as follows:
 - a. I (check one): agree completely; disagree completely; disagree with some of what is stated in the Notice of Termination or Master Settlement Agreement.
 - b. (check all that apply):
 - Check here if it is something in the Notice of Termination that you disagree with.
 - Check here if it is something in the Master Settlement Agreement that you disagree with.

PARTNER NAMES:	CASE NO:
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CERTIFICATE OF SERVICE

I CERTIFY that on the ____ day of _____, 20____ the original was filed with the Court.

Check here if you are requesting service by the Tribal Police. *[Note: You can only request service by Tribal Police if the Partner to be served resides upon the Rancheria. Otherwise you will need to seek a private process server to assist you.]*

[If you are requesting service, please stop here. Leave the form blank below.]

(To be completed by third party on behalf of Partner filing Response.)

A true and accurate copy of this **RESPONSE TO NOTICE OF TERMINATION OF DOMESTIC PARTNERSHIP** was served on the Partner _____ by *(check which applies)*:

Personal Service on the ____ day of _____, 20____ at ____:____ am/pm *(circle one)*.

Emailing to the following address as agreed upon by the parties on the ____ day of _____, 20____. Email sent to: _____@_____

by placing it in an envelope and depositing the sealed envelope with the United States Postal Service mail, postage pre-paid, and addressed to the above-named person at his/her last known mailing address as follows: *(list address)*

I was unable to service the document/s and I am returning the same, because: *(please explain)*

Date

Signature

Name/Title