



SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT  
P.O. Box 531, Shingle Springs, CA 95682  
Telephone: (530) 698 – 1446;  
Website: <https://www.shinglespringsrancheria.com/tribal-court/>

INFORMATION OF PERSON FILING FORM:

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

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

Phone: (     ) \_\_\_\_\_

Attorney/Advocate for:  
\_\_\_\_\_

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

**RESPONSE TO PETITION**  
[FOR COURT USE ONLY]

TITLE OF CASE: *(See Petition for Title)*

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

Or

In re: \_\_\_\_\_

1. I am the Respondent/a Party in this case.
2. I *(check one)*  was  was not given a Summons or Notice that the Petition was filed against me.
3. *(If you were given Summons or Notice)* Provide date that you received the Summons or Notice:  
*(Month/Date/Year):* \_\_\_\_\_
4. I respond to the claims as follows:
  - a. I *(check one)*:
    - agree completely;
    - disagree completely;
    - disagree with some but agree with some of what is stated in the Petition.

CASE NAME:

CASE NO.:

- b. (If disagree completely or with some): The following explains, excuses, justifies or denies the behavior or actions alleged in the Petition:  
*(Describe why you disagree completely or disagree with some of the information in the Petition. Please respond to each allegation made in the Petition. Attached additional sheets, if needed.)*

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- c. I would like the Court to do the following: *(What would you like to see happen?)*:

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

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Respondent Name

\_\_\_\_\_  
Respondent Signature

CASE NAME:	CASE NO.:
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**CERTIFICATE OF SERVICE**

*(To be completed by third party on behalf of the Respondent)*

I CERTIFY that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ a true and accurate copy of this **RESPONSE TO PETITION** was served on the other parties whose names are listed below:

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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:

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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.)*

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name