



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: () _____

(Check which apply) I am:

- Petitioner
- Respondent
- Other: _____
- Attorney/Advocate for:

CASE NO.: _____

DECLARATION OF _____
 [FOR COURT USE ONLY]

Petitioner: _____ Respondent: _____

or

In Re: (*child/ren's name/s*) _____

1. My name is: _____.
2. I am over 18 years of age.
3. I am providing this Declaration in support of
 - a. my own case
 - b. the case of (*party name*) _____
4. I have specific, first-hand knowledge about the facts in this case and I have written them down as follows: (*Please try to provide dates/locations in addition to specific facts*).

CASE NAME:

CASE NO.:

Total number of pages attached: _____

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 _____, ____.

Declarant Name

Declarant Signature