

CIVIL HARASSMENT PETITION
[FOR COURT USE ONLY]

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

CASE NO.: _____

Petitioner: _____ Respondent: _____

NAME OF ATTORNEY OR PETITIONER W/O ATTORNEY:	NAME ATTORNEY OR RESPONDENT W/O ATTORNEY:
ADDRESS:	ADDRESS
PHONE NUMBER:	PHONE NUMBER:
E-MAIL (OPTIONAL):	E-MAIL (OPTIONAL):

1. I, _____ am requesting a Civil Harassment Restraining Order, as defined in Shingle Springs Band of Miwok Indians Peace and Protection Code Article I, Section 1(f).
2. I am requesting that the Respondent (check all that apply):
 - Have restricted access from the reservation for up to 14 days.
 - Be restricted from contacting me on the reservation.
 - Be restricted from harassing me.
3. I declare that I need a Civil Harassment Restraining Order to prevent great or irreparable harm to me by the Respondent. Below is my declaration showing reasonable proof to the court of harassment toward myself and/or others by Respondent:

CASE NAME: v.	CASE NO.:
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4. Notice of Petition: Check one of the boxes below

- I have given notice of this petition to the respondent.
- I request an order without notice because (state the reasons why you are unable to provide notice of the petition):

5. Please provide a brief description of the Respondent.

NOTICE TO PETITIONER:

The court can issue a Civil Harassment Restraining Order **OVER ALL LAND WITHIN THE RESERVATION BOUNDARIES FOR NO MORE THAN 14 DAYS** based on this petition if the court finds you have shown reasonable proof of harassment by the Respondent.

If you need a long term order that applies both on and off the reservation you should seek assistance from the county court.

I declare that I have read and understand the notice above and that the information provided is true and correct.

Dated this ____ day of _____, 2018.

Petitioner Name

Petitioner Signature