



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: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

*(Check which applies):*

I am:

Respondent

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

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

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

Notice to Respondent: Pursuant to the Tribal Rules of Court, Rule 6.5(A), Civil Harassment Petitions are considered by the Court the day they are filed. If you wish to file your Response with the Court, please provide your Response prior to the hearing.

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

1. I am the Respondent in this case.
2. I (*check one*)  was  was not given notice that the Petition for Civil Harassment was filed against me.
3. I reside:
  - a.  on the Rancheria.
  - b.  off the Rancheria.
4. I respond to the allegations as follows:
  - a. I (*check one*):  agree completely;  disagree completely;  disagree with some of what is stated in the Petition.



**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 Court or Tribal Police.

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

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

A true and accurate copy of this **RESPONSE TO CIVIL HARASSMENT PETITION** was served on the Petitioner 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