

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

COVER SHEET
[FOR COURT USE ONLY]

CASE NO.: _____

CASE NAME: _____

I, (print or type name of person filing) _____,
submit the following documents to be filed in the above named case:

I am submitting these documents on behalf of:

- Petitioner
- Respondent
- Other interested party (Please Print or type name):

Total number of pages attached: _____

Date

Signature