

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

Response to Petition
[FOR COURT USE ONLY]

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):

I am the ___ Plaintiff/Petitioner ___ Defendant/Respondent in this action. I respond to the allegations as follows:

(Describe why you disagree with what is stated in the petition and what you would like the Court to do instead)

Attach additional sheets of paper if needed.

My reasons are:

Multiple horizontal lines for writing reasons.

Attach additional sheets of paper if needed.

Signature

Date

CERTIFICATE OF SERVICE

I CERTIFY that on the ____ day of _____, 2018 the original was filed with the Court and a true and accurate copy of this RESPONSE to PETITION was served on the other party by:

- [] Personal Service on the ____ day of _____, 2018.
[] email as agreed upon by the parties on the ____ day of _____, 2018.
[] by placing it in the United States mail, postage pre-paid, and addressed to the above-named person at his/her last known post office address.
[] I was unable to effect service and I am returning the same, because: (please explain)

Horizontal lines for additional text.

Date

Signature

Name/Title