SHINGLE SPRINGS BAND OF MIWOK INDIANS
TRIBAL COURT
P.O. Box 531, Shingle Springs, CA 95682
Office: 530-698-1446 Fax: 530-676-6286
Email: tribalcourt@ssband.org

Tribal Court Intake Form

Name:_____ **Date:**_____ **Time:**_____

City:_____ **State:**_____ **Zip:**_____

Phone:_____ **Email:**_____

Tribal Affiliation:_____ **Member: Yes No (circle one)**

Please explain/describe in detail your issue(s). Add paper if necessary.

Court Response:

Case ☐ Mediation/Arbitration ☐ Referred ☐ Other ☐_____

Date: _____
Phone Call: ____
Call Back: _____
Ret. Call: _____
Meeting: _____
Length:_____

Revised 06/2014