

SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT
P.O. Box 531, Shingle Springs, CA 95682

WITNESS LIST
[FOR COURT USE ONLY]

PETITIONER

v.

RESPONDENT.

CASE NO.: _____

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):

THE TIME OF HEARING SCHEDULED ON: _____.

(1) PLEASE LIST THE NAMES AND REQUIRED INFORMATION OF ALL WITNESSES:

NAME	SUBJECT AND BRIEF DESCRIPTION OF TESTIMONY

Continued on Attachment 1. Total number of pages attached: _____

I declare under penalty of perjury under the laws of the Shingle Springs Band of Miwok Indians that the foregoing is true and correct.

Dated this _____ day of _____, 2016.

Name

Signature