

THE SAGINAW CHIPPEWA **SUMMONS TO APPEAR** Case NO.: \_\_\_\_\_  
 TRIBAL COURT  
 CIVIL DIVISION  
 6954 East Broadway  
 Mt. Pleasant, MI 48858  
 Telephone: (989)775-4800

Honorable

<b>Plaintiff:</b> (List full name, address & telephone number)	<b>Defendants:</b> (List full name, address & telephone number)
<b>Plaintiff's Attorney:</b> (List full name, address & telephone number)	<b>Defendant's Attorney:</b> (list full name, address & telephone number)

**NOTICE TO THE DEFENDANT:**

1. You are being sued in the Saginaw Chippewa Tribal Court.
2. **YOU HAVE 21 DAYS** after receiving this summons to file an answer with the court and to serve a copy on the other party or take other lawful action. Please note that if you were served by certified mail or served outside of the reservation land you have 28 days to answer attached complaint.
3. Failure to file an answer or take other action within the time allowed may result in a default Judgment being entered against you for the relief requested in Plaintiff's complaint.

I declare that the information above and contained in the attached complaint is true to the best of my information, knowledge and belief.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Plaintiff/Plaintiff's Attorney

THE COMPLAINT IS STATED ON THE ATTACHED PAGE(S) AND EXHIBIT(S) ARE ATTACHED AS REQUIRED.

Issued:	This Summons Expires:	Court Clerk:
---------	-----------------------	--------------

**NOTICE TO POLICE OFFICER/OR DISINTERESTED PARTY:**

YOU ARE HEREBY ORDERED TO SERVE THE SUMMONS AND COMPLAINT TOGETHER WITH ALL ATTACHMENTS UPON THE DEFENDANT NO LATER THAN 91 DAYS AFTER THE DATE OF THE FILING OF THIS COMPLAINT. IF YOU ARE UNABLE TO COMPLETE SERVICE, YOU MUST RETURN THIS ORIGINAL AND ALL COPIES TO THE COURT CLERK.

THE SAGINAW CHIPPEWA  
TRIBAL COURT  
6954 East Broadway  
Mt. Pleasant, MI 48858  
Telephone: (989)775-4800

# CIVIL COMPLAINT

Case NO.: \_\_\_\_\_

Honorable

<b>Plaintiff:</b> (List full name, address & telephone number)	<b>Defendants:</b> (List full name, address & telephone number)
<b>Plaintiff's Attorney:</b> (List full name, address & telephone number)	<b>Defendant's Attorney:</b> (list full name, address & telephone number)

**PLAINTIFF STATES THE FOLLOWING FOR (HIS/HER/THEIR) COMPLAINT:**

(You must state your complaint below. Number each statement chronologically. Start from the beginning and explain what happened. Use additional sheets of paper if necessary. Attach any necessary documentation and label as Exhibit A, B, C, etc.)

- 1.
- 2.
- 3.
- 4.
- 5.

**(I/WE) REQUEST THAT THE COURT ORDER THE FOLLOWING RELIEF:**

(You must explain what you would like the Court to order the Defendant to do.)

- 1.
- 2.

The undersigned certifies that the information contained in this complaint is true, to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plaintiff