

# SUMMONS TO APPEAR

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

CASE NO. \_\_\_\_\_

<b>Plaintiff:</b> (list full name, address & telephone number)	<b>Defendant:</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:
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## NOTICE TO POLICE OFFICER/OR DISINTERESTED PARTY:

YOU ARE HEREBY ORDERED TO SERVE THE SUMMONS AND COMPLAINT TOGETHER WITH ALL ATTACHMENTS UPON THE DEFENDANT NOT LATER THAN 180 DAYS AFTER THE DATE OF FILING OF THIS COMPLAINT. IF YOU ARE UNABLE TO COMPLETE SERVICE, YOU MUST RETURN THIS ORIGINAL AND ALL COPIES TO THE COURT CLERK.

Saginaw Chippewa Indian Tribe Of Michigan 6954 East Broadway Street Mt. Pleasant, MI 48858 (989) 775-4800	<b>PETITION FOR PATERNITY</b> And/or <b>PETITION FOR CHILD CUSTODY</b> And/or <b>PETITION FOR CHILD SUPPORT</b>	Case Number
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Plaintiff Name:	Defendant Name:
Address:	Address:
Social Security #:  Date of Birth:	Social Security #:  Date of Birth:
Tribal affiliation/ membership:	Tribal affiliation/ membership:
Employer name and address:	Employer name and address:

<b>NOTE: At least one party must be Native American <u>AND</u> at least one party has to have been a bona fide resident of the Isabella or Saganing Indian Reservations for a period of at least 180 days prior to filing the action for the Tribal Court to have jurisdiction.</b>	
1. The Plaintiff	<input type="checkbox"/> is <input type="checkbox"/> is not Native American.
2. The Defendant	<input type="checkbox"/> is <input type="checkbox"/> is not Native American.
3. <input type="checkbox"/>	The Plaintiff has resided on the Isabella or Saginaw Indian Reservation for a period of at least 180 days immediately before the filing of this action.
4. <input type="checkbox"/>	The Defendant has resided on the Isabella or Saginaw Indian Reservation for a period of at least 180 days immediately before the filing of this action.

5. Complete names, Tribal affiliation/membership and dates of birth of children under 18 that you wish to be considered in your petition.

Child's Name	Date of Birth	Address of Residence	Tribal Affiliation

6. There  are  are not any pending court procedures in other jurisdictions that could affect the minor child/ren.

7. If there are pending court proceedings in other jurisdictions that could affect the minor child/ren, list the address, phone number and type of proceedings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8.  An Affidavit of Paternity has been filed. (You MUST attach a copy.)

9.  I am requesting that the Court establish paternity of the child/ren listed under number five above.

10. I request that following relief after any issues of paternity are resolved:

- a.  Child Support be established
- b.  Child Custody be determined
- c.  Visitation schedule be determined

11. Other (You MUST be specific)

**I declare that under threat of prosecution for perjury, pursuant to Tribal Code section 1.2038, the statements above are true to the best of my knowledge, information and belief.**

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

State of \_\_\_\_\_ )

County of \_\_\_\_\_ ) ss

Subscribed and sworn to me on \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
, Notary Public  
County, Michigan

My Commission Expires:  
Acting in the County of: