

SAGINAW CHIPPEWA INDIAN TRIBE TRIBAL COURT CIVIL DIVISION	AFFIDAVIT	Case No.
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6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

Plaintiff: (List full name, address & telephone number)	Respondent: (List full name, address & telephone number)	Respondent: (List full name, address & telephone number)
Email:	Email:	Email:
Plaintiff Attorney: (List full name, address & telephone number)	Respondent Attorney: (List full name, address & telephone number)	Respondent Attorney: (List full name, address & telephone number)

I attest that:

1. ☐ Petitioner is a member of Saginaw Chippewa Indian Tribe

Membership ID#: _____

2. Petitioner states: (Facts supporting relief requested, use additional sheets of paper, if necessary)

3. Visits being requested

Time: _____

Place: _____

Duration: _____

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. I have provided applicable jurisdictions and dates. (Do not sign below and date until a notary verifies your signature)

Date

Signature

Subscribed and sworn to me before on _____, _____ County, Michigan.
Date

My commission expires: _____ Signature: _____

Notary public, State of Michigan, County of _____