



Pokagon Band of Potawatomi Indians Tribal Court

58620 Sink Road, P.O. Box 355
Dowagiac, MI 49047
Phone (269) 783-0505
Fax (269) 783-0519

CASE NO:

Petitioner name, address, telephone:

Respondent name address, telephone:

v.

Petitioner's Attorney bar no., address, telephone:

COMPLAINT

Note: A *Complaint* is not filed until the Court filing fee is paid.

_____, Petitioner, state in this *Complaint* the following
(Petitioner's Name)
cause of action against Respondent, _____:
(Respondent's Name)

I. IDENTITY OF THE PARTIES.

1. I am the Petitioner.
2. I reside in _____ County, _____.
(Name of County) (State)
3. Respondent resides in _____ County, _____
(Name of County) (State)
and may be served with process by serving:
 - a. Name of Respondent or registered agent for service: _____
 - b. Address: _____

4. Date(s) the claim arose: _____

5. Location where the claim arose: _____.

6. Tribal Court has jurisdiction because: _____
_____.

II. INFORMATION ON PRIOR OR CONCURRENT FILING. *(Please check all that apply.)*

7. Family Cases

There is no other pending or resolved action within any jurisdiction of a family division of circuit court involving the family or family members of the parties.

An action within the jurisdiction of any court or family division of circuit court involving the family or family members has been previously filed in _____ Court.

This action remains is no longer pending.

The docket number and judge assigned to the action are:

Case No.:	Judge:
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8. General Civil Cases

There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in this *Complaint*.

A civil action between these parties or other parties arising out of the transaction or occurrence as alleged in the *Complaint* has been previously filed in _____ Court.

This action remains is no longer pending.

The docket number and judge assigned to the action are:

Case No.:	Judge:
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III. CAUSE OF ACTION. THIS SECTION MUST BE FILLED OUT.

9. Please provide the Court with a complete description of the allegations (your facts) which you believe gives rise to a legal claim that entitles you to a remedy from this Court and cite applicable Tribal law. Please attach any materials that may support your facts. *(Additional sheets of paper may be used if necessary. However, please indicate here that you have done so.)* Additional sheets attached.

IV. RELIEF REQUESTED. THIS SECTION MUST BE FILLED OUT.

10. Please list the relief you are requesting and cite the Tribal law which provides your remedy.

I declare that the information in this *Complaint* and any attached information is true to the best of my knowledge, information, and belief.

Date

Signature of Petitioner

Please Print Name