ROBINSON RANCHERIA TRIBAL COURT
1545 E. Highway 20 Nice, CA 95464
Telephone: (707) 289-1961
Website: https://rrcbc-nsn.gov/tribal-government/tribal-court/

INFORMATION OF PERSON FILING FORM:

Name: _____

Address: _____

_____

Phone: ( ) _____

Attorney/Advocate for:

_____

CASE NO.: _____

RESPONSE TO CIVIL PETITION
[FOR COURT USE ONLY]

Petitioner: (*Name of person suing*) _____

Respondent: (*Name of person being sued*) _____

1. I am the ☐ Respondent/a Party in this case or ☐ the legal representative of Respondent. *[NOTE: If you are the Attorney/Lay Advocate you may be required to pass the Tribal Bar Examination prior to representing your client.*]

2. I (*check one*) ☐ was ☐ was not given a copy of the Petition filed against Petitioner.

3. (*If you were given a Petition*) Provide date that you received the Petition:

   (*Month/Date/Year*): _____

4. I respond to the claims in the Petition as follows:
   a. I (*check one*):

      ☐ agree completely;

      ☐ disagree completely;

      ☐ disagree with some but agree with some of what is stated in the Petition.

CASE NAME:	CASE NO.:

b. (*If disagree completely or with some*): The following explains, excuses, justifies, or denies the behavior or actions alleged in the Petition:
(*Describe why you disagree completely or disagree with some of the information in the Petition. Please respond to each claim made in the Petition. Attached additional sheets, if needed. If you have documents such as receipts, letters, emails, photos, bills or the like that you wish the court to see, you may attach them to this Response. If you have videos or other recordings, please contact the clerk so that the clerk can work with you to receive that electronic information into the record.*)

_____

_____

_____

_____

_____

_____

_____

c. I would like the Court to do the following: (*What would you like to see happen?*):

_____

_____

_____

_____

I declare under penalty of perjury under the laws of the Robinson Rancheria Tribal Court that the foregoing is true and correct.

Dated this _____ day of_____, _____.

_____ _____

Respondent Name Respondent Signature

CASE NAME:	CASE NO.:

CERTIFICATE OF SERVICE
(*To be completed by third party on behalf of the Respondent*)

I CERTIFY that on the _____ day of_____, 20____ a true and accurate copy of this **RESPONSE TO CIVIL PETITION** was served on the other parties whose names are listed below:

_____

_____

The parties were served by: (*check all that apply*)

☐ Personal Service on the _____ day of _____, 20____.
☐ electronic mail (email) as agreed upon by the parties on the _____ day of _____, 20_____.
The email address/es served is/are: _____

_____
☐ by placing it in the United States Postal Service mail, postage pre-paid, and addressed to the above-named person at his/her last known post office address which is:

_____

_____

_____
☐ I was unable to effect service and I am returning the same because: (*please list all attempts and explain why attempts were unsuccessful. Attach additional sheets, if necessary.*)

_____

_____.

_____
Date

_____ _____
Signature Printed Name