



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 PETITION
[FOR COURT USE ONLY]

TITLE OF CASE: *(See Petition for Title)*

Petitioner: _____ Respondent: _____

Or

In re: _____

1. I am the Respondent/a Party in this case.
2. I *(check one)* ☐ was ☐ was not given a Summons or Notice that the Petition was filed against me.
3. *(If you were given Summons or Notice)* Provide date that you received the Summons or Notice:
(Month/Date/Year): _____
4. I respond to the claims 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.:
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- 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 allegation made in the Petition. Attached additional sheets, if needed.)

- 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

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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 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