## NORTHERN CALIFORNIA INTERTRIBAL COURT SYSTEM

Administrative Offices
3000 Shanel Road Hopland, CA 95449
Phone 707-472-2160
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Website: www.tribalcourt.org

◯ Cahto Tribe of Laytonville
◯ Hopland Band of Pomo Indians
◯ Coyote Valley Band of Pomo Indians

(For Court Use Only)

_____
(Case Number)

### MOTION OR REQUEST TO THE COURT

In the following case before this Court:

_____ vs. _____
Plaintiff/Petitioner Defendant/Respondent

I, _____, am ◯ the Petitioner/Plaintiff or ◉ the Respondent/Defendant in this
(Complete Name)
case. I am filing this Request to the Court for the following: ☐ Issue or Modify an Order ☐ Schedule a Hearing

1. I request that the Court do the following:

_____

_____

_____

_____

2. My request is based on the following facts:

_____

_____

_____

_____

_____

3. I am asking the Court to apply the following law:

_____

_____

☐ *Please check if additional pages attached*.

☐ I am requesting that the Court Clerk serve this Motion/Request for the posted fee.

**The following must either be EITHER◯ signed in the presence of the Court Clerk OR◯ signed in the presence of a Notary Public (use attached declaration page).**

I do declare, under penalty of perjury that I have personal knowledge of the facts in the statement above or based on the information I have, I believe the facts are true.

_____ _____ _____

*(Printed name)* *(Signature)* *(Date)*

SUBSCRIBED AND SWORN to me this _____ day of _____, 20_____.

_____, Clerk of Court

**DECLARATION OF SERVICE**

I certify that on _____ a copy of this request was provided according to the Rules of Court to:

Opposing Party: *(Fill in name)* _____ ◯ mailed ◯ served electronically or ◯ hand delivered to the following address or email address:_____

Opposing Attorney: *(Fill in Name)* _____ ◯ mailed ◯ served electronically or ◯ hand delivered to the following address or email address: _____

Additional Party: _____ ◯ mailed ◯ served electronically or ◯ hand delivered to the following address or email address: _____

Signature of Person Completing Service: _____ Date of Signature:_____

(Court Stamp)

# ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ **(Seal)**

Clear Form Print Form