

**BOIS FORTE TRIBAL COURT  
BOIS FORTE BAND OF CHIPPEWA  
MINNESOTA CHIPPEWA TRIBE**

In the Matter of:

\_\_\_\_\_  
Plaintiff/Petitioner,

v.

\_\_\_\_\_  
Respondent,

**CIVIL COMPLAINT**

Civil Case Number: \_\_\_\_\_

*Civil Complaint Fee: \$20.00*

*NOTE: A Civil Complaint is NOT considered filed until the Tribal Court Civil filing \$20.00 fee has been paid.*

I (Full Name), \_\_\_\_\_, Petitioner/Plaintiff, state in this civil complaint the following cause of action against, \_\_\_\_\_, Respondent's Full Name.

**I. IDENTIFICATION OF THE PARTIES**

a)  I am the Petitioner

b) I reside at \_\_\_\_\_

Street Address, City, State, Zip Code

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

c)  I am Enrolled in Bois Forte Band of Chippewa

Enrolled in another Tribe (List) \_\_\_\_\_

I am not an Enrolled Member

d)  I am **not** represented by an attorney.

I am represented by: \*Please note that the Tribal Court does not cover your attorney costs/fees on civil cases and all attorneys must be approved to practice law within the tribal court.

Attorney's Name: \_\_\_\_\_ Law Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

e) Respondent's Full Name: \_\_\_\_\_

Respondent is located  within Bois Forte jurisdiction  outside of Bois Forte Band jurisdiction.

Respondent  is an enrolled member of the Bois Forte Band of Chippewa

Enrolled in another Tribe (please list): \_\_\_\_\_

is not an enrolled.

I am not sure of the Respondent's enrollment status.

Respondent Phone Number: \_\_\_\_\_

Respondent may be served at this address:

\_\_\_\_\_  
Street Address, City, State, Zip Code

*Note: We may not be able process your complaint timely if we do not have an address for serving the respondent.*

## II. CAUSE OF ACTION

Please provide the Court with a complete description of the allegations (your facts) that you believe are the basis for a legal claim that entitles you to a remedy from this Court and cite applicable Band Law as necessary. Attach any materials that may support your facts.

Check here if additional sheets are attached.

**III. WITNESSES AND EXHIBITS**

Please check this box if you will **NOT** be calling witnesses for your case.

I plan to call the following people as a non-expert witness(es):

**A.** Please list your non-expert witnesses. The court will summon your witnesses for you.

	First Name	Last Name	Suffix	Home Address and Email Address (DO NOT LEAVE BLANK)
1.				
2.				
3.				
4.				
5.				
6.				

*If you have more than 6 non-expert witnesses,  Check here if additional sheets are attached.*

Please check this box if you will **NOT** be providing exhibits for your case.

**B.** I plan to present the following exhibit(s) during the hearing/trial:

Exhibit Number	Description
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

*If you have more than 10 exhibits,  Check here if additional sheets are attached.*

Check here to verify that you provided copies of the exhibit(s) documentation with this petition

**IV. CLAIMS OF RELIEF REQUESTED**

Please state the relief you are requesting the Court to order and cite any Band Law that provides your remedy.

**V. VERIFICATION**

I declare under penalty of perjury that the information provided in this Civil Complaint and any attached information is true to the best of my knowledge, information, and belief.

*NOTE: Do not sign until you are in front of a Notary.*

**Respectfully Submitted:**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff/Petitioner Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip  
( \_\_\_\_\_ )

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail address

Subscribed and sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

Notary Stamp: