

IN THE
BOIS FORTE TRIBAL CIVIL COURT
BOIS FORTE BAND OF CHIPPEWA
MINNESOTA CHIPPEWA TRIBE

In the Civil Matter of:

CIVIL COMPLAINT PETITION

Petitioner/Plaintiff (First, Middle, Last, Suffix)

Court File Number: _____

vs.

Respondent (First, Middle, Last, Suffix)

Civil Complaint Fee: \$40.00

NOTE: A Civil Complaint is NOT considered filed until the Tribal Court Civil filing \$40.00 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 My DOB is: _____

b) I reside at:

Street Address, City, State, Zip Code

Mailing Address (if different from above): _____

Email Address: _____ Phone: _____

c) ☐ I am Enrolled in Bois Forte Band of Chippewa

☐ Enrolled in another Tribe (List) _____

☐ I am a descendant of Tribe (List) _____

☐ I am not an Enrolled Member.

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

*Please note that the Tribal Court does not cover your attorney costs/fees on civil case and all attorneys must be approved to practice law within the tribal court.

☐ I am represented by:

Attorney's Name: _____ Law Firm Name: _____

Mailing Address: _____

Email Address: _____

Telephone Number: _____ Fax: _____

e) **Respondent's Full Name (First, Middle, Last, Suffix) :** _____

f) Respondent's DOB: _____

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: *You are responsible for serving the respondent with a correct and true copy of the petition and copies of any supporting documents you plan to file with your petition and filing affidavit of service with the court.*

See form at the end of this petition

The Respondent will have 20 days after having been served to file a response and serve you with a copy of their response and any supporting documentation.

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 Answer and any attached information is true to the best of my knowledge, information, and belief.

Respectfully Submitted:

Date: _____

Signature

Name:

Address:

City/State/Zip

Telephone:

Email Address:

Subscribed and sworn before me

This _____ day of _____, 20____

Notary Public

Notary Stamp:

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AFFIDAVIT OF SERVICE

Court File Number:

I, _____, state that I am at least 18 years of age with a
Date of Birth of _____, I served the following documents:

1. _____
2. _____
3. _____

Upon (check one) ____ Respondent ____ Petitioner

Services was done as follows: (check all that apply)

____ **Personal Service:** By handing a true and correct copy of the documents to:

List Name of Person Served: _____

Date, Time, and Location of Service: _____

____ **Mail Service:** By mailing a true and correct copy of the documents by first class mail at

List address or PO Box: _____

_____ and depositing the envelope, with sufficient postage, in the U.S. Mail at a postal box located in
the City of _____, State of _____ Zip Code _____.

VERIFICATION

I declare under penalty of perjury that everything that I have stated in this document is true and correct.

Respectfully Submitted:

Date: _____

Signature

Name: _____

Address: _____

City/State/Zip _____

Telephone: _____

Email Address: _____