

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

In the Matter of:

Plaintiff/Petitioner,

V.

Respondent,

CIVIL- ANSWER

Civil Case Number: _____

The Respondent(s) have **twenty (20) days** after having been served with the civil complaint to serve an Answer on the Plaintiff(s). The original CIVIL ANSWER shall be filed with the clerk of court. After the twenty (20) days, the Tribal Court shall set a date for hearing on this Cause and you will be notified of the date and time you are required to appear before the Bois Forte Tribal Court. **FAILURE OF THE RESPONDENT TO ANSWER THE COMPLAINT within 20 days AND/OR APPEAR** at the hearing on the date set by the clerk of court will result in a **default judgement** being entered against the respondent and an award by the court being entered on plaintiff's behalf for the relief requested in the complaint.

INITIAL that you read the above: _____

RESPONDENT'S ANSWER TO CIVIL COMPLAINT

I. RESPONDENT INFORMATION

a) Full Name: _____

b) I reside at:

Street Address, City, State, Zip Code

Email Address: _____ Phone: _____

☐ I am asking the court to keep an address and/or phone number confidential.

Complete Request to keep address and/or phone number form and file with court clerk.

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: _____

II. ANSWERING THE COMPLAINT ALLEGATIONS- Check one box only.

☐ I **DENY** each and every allegation listed within Paragraph II Cause of Action within the Complaint and request a bench trial.

OR

☐ I **ADMIT** the following allegations contained within Paragraph II Cause of Action within the Complaint:

☐ Check here if additional sheets are attached.

OR

☐ I allege that I am without sufficient knowledge or information to form a belief as to the truth or accuracy of those allegations contained in Paragraph II of the Complaint and denies same and place Plaintiff/Petitioner to his/her proof thereof.

III. RESPONSE TO CLAIMS OF RELIEF REQUESTED

Please state the response you have to the relief sought by the Plaintiff to the Court to order listed in section IV within the Complaint.

☐ Check here if additional sheets are attached.

IV. RESPONDENTS AFFIRMATIVE DEFENSIVES

☐ Check here if additional sheets are attached.

V. 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): 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.

A. 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 exhibits documentation with this petition

VI. 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.

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

Notary Stamp: