

INSTRUCTIONS FOR FILING A CIVIL COMPLAINT IN FOREST COUNTY POTAWATOMI TRIBAL COURT

1. Complete the complaint form by filling in all the blank lines. If you cannot fill in all of the blanks, do the best you can. You must have a correct address for the Defendant.
2. Take the completed complaint to the Clerk of Court for filing. The filing fee is \$50.
3. The Clerk will issue you a summons. The summons is a court document that lets the defendant know he or she is being sued in Court and what date and time to appear.
4. If the Defendant lives on the Reservation, service will be made by Tribal Security. The Clerk will arrange for this.
5. If the Defendant lives off the Reservation, you have two choices to make sure the Defendant is served. You may:
 - a. Pay an additional \$15 fee and have the clerks serve the Defendant by certified mail.
 - b. Make your own arrangements to have the Defendant served in person by a 3rd party and provide signed proof of service to the Clerk.
6. You, as the Plaintiff, are required to be present for the scheduled hearing which is listed on the summons. If the Defendant does not appear, a Default Judgment is likely to be granted as long as proof of service is supplied to the Court.

FOREST COUNTY POTAWATOMI TRIBAL COURT

_____'
Plaintiff

v.

Case No.

_____'
Defendant.

CIVIL COMPLAINT

1. My name is _____ and I am asking the Court to hear my complaint against: _____ (Defendant).
2. I am: *(Choose one)* a: Forest County Potawatomi tribal member other Indian non-Indian other:
3. The defendant is a: *(Choose one)*
 Forest County Potawatomi tribal member other Indian non-Indian Other:
4. My complaint against the Defendant is the following: *(Please give a specific but brief description of what happened. Include WHAT, WHEN, and WHERE it happened and WHO was involved.)*

(attach copies of relevant documents if you are able.)

5. I am seeking a judgment against the Defendant for the following relief:
 Money damages in the amount of: \$ _____
 Return of property to me, specifically: _____
 Other: _____
6. The Defendant's address is: _____
7. I swear that this complaint is true and complete to the best of my ability.

Dated this _____ day of _____, 20__.

HAVE YOUR SIGNATURE
NOTARIZED:

NOTARY PUBLIC
State of Wisconsin
Dated:

_____ County

My commission expires: _____

[Signature of Plaintiff]

Address:

Phone: