ROUND VALLEY INDIAN TRIBES

A Sovereign Nation of Confederated Tribes

Round Valley Tribal Court
Administrative Office: Tribal Court, 77826 Covelo Road. Covelo, California 95428
Phone: 707-983-8227 x 17 j Fax: 707-983-6590

CIVIL COMPLAINT -PETITION

Case No.

Date of Petition:

CIVILCOMPLAINT PETITION

Plaintiff/Petitioner:

(List full name)

(Address)

(Telephone number)

Defendant/Respondent:

(List full name)

(Address)

(Telephone number)

Plaintiff's Attorney:

(List full name, address, and telephone number)

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PLAINTIFF STATES THE FOLLOWI G FOR (HIS/HER/THEIR) COMPLAINT/PETITION:
Instructions: *Your 1st state your complaint below. Number each statement chronologically. Start from the beginning and explain what happened. Use additional sheets of paper if necessary. Attach any necessary documentation and label as Exhibit A, B, C. etc.)*

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If you need more space, please check the box here and list the number of additional pages.
I have attached ____ pages to this petition.

(1/\VE) REQUEST THAT THE COURT ORDER THE FOLOWJ G RELIEF:
Instructions: You must explain what you would like the Court to order.

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I declare that the information above and contained in the attached complaint is true to the best of my information, knowledge and belief.

Date: Signature of Plaintiff(s):