IN THE WILTON RANCHERIA COURTS WILTON RANCHERIA

REQUEST TO CONTEST CITATION		
Your Contact Information	[COURT USE ONLY]	
Name:	CITATION NO:	
Email:	CITATION NAME:	
Address:	Party 1/Petitioner:	
	WILTON RANCHERIA	
Phone:		
	Party 2/Respondent:	
Attorney (if applicable):		
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK AND COMPLETE EACH		
SECTION TO THE BEST OF YOUR ABILITY. BE SURE TO SIGN THIS FORM.		

COMES NOW, ______, Party 2, to respond to the Your Name

Petition filed under the Wilton Rancheria Peace and Security Act.

1. Party 2's Information

Party 2 was issued a citation under the Peace and Security Act by a Tribal Peace Officer of the Wilton Rancheria.

2. Party 2's Tribal Affiliation

I am an:

- Enrolled member of the Wilton Rancheria. Eligible for membership in the Wilton Rancheria. An enrolled member of the ______, a federally recognized Tribe. ______, a federally recognized Tribe. ______, a federally recognized Tribe.

Not a member or not eligible for membership in a federally recognized tribe.

3. Citation Information

Date of Issuance:	
Location of Issuance:	
Issuing Officer's Name:	
Date of Service:	

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Method of Service: Personal Service	Hand Delivery Certified Mail			
4. A copy of the citation is attached to this form.				
5. Response to Citation				
I \square agree \square do not agree with the petition filed by the Tribe because:				
Additional pages are attached.				
6. Evidence				
I want the Court to consider the attached evide	nce that supports my argument:			
Witness statements	Photographs			
Videos	Medical records			
Maps/Charts/Diagrams	Test results			
Other (describe):				
7. Request to Court				
I would like to the Tribal Court to:				
I would like the Tribal Court to hold a hearing regarding my request.				
8. Certification				

I certify under penalty of perjury under the laws of the Wilton Rancheria and the State of California that the foregoing statement and all attachments are true and correct to the best of my knowledge and belief.

Date:	Signature:	
-	 <u> </u>	

Printed Name: _____

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