



☐ ATTORNEY OR ☐ PARTY WITHOUT ATTORNEY TRIBAL BAR NO:		FOR COURT USE ONLY
FIRST AND LAST NAME:		
STREET ADDRESS:		
CITY:		
STATE:		
ZIP CODE:		CASE NO:
PHONE:		PARTY 1 / PETITIONER:
EMAIL:		PARTY 2 / RESPONDENT:
ATTORNEY FOR (<i>Full name</i>):		
WILTON RANCHERIA TRIBAL COURT 9245 LAGUNA SPRINGS DRIVE, SUITE 110 ELK GROVE, CA 95758 tribalcourtinfo@wiltonrancheria-nsn.gov 916.683.6000 ext.1002		
CASE TYPE: ☐ APPEAL FROM WILTON RANCHERIA GOVERNMENT DECISION ☐ CIVIL CASE ☐ GUARDIANSHIP ☐ NOTICE OF APPEAL ☐ JUDGEMENT ENFORCEMENT ☐ PEACE AND SECURITY ACT MATTER		
COVER SHEET		
TYPE OR PRINT USING BLACK OR BLUE INK.		

- 1. PARTY 1 / PETITIONER (YOU)** ☐ If same contact information as in caption box above, skip to item 2.

FULL NAME:	FULL ADDRESS:
EMAIL ADDRESS:	PHONE NUMBER:

- ## 2. PARTY 2 / RESPONDENT (THEM)

FUL NAME:	FULL ADDRESS:
EMAIL ADDRESS:	PHONE NUMBER:

3. ☐ I CONFIRM THAT I PROVIDED A VALID EMAIL ADDRESS AND AGREE TO CHECK IT REGULARLY. I UNDERSTAND THAT THE COURT AND THE OTHER PARTY MAY USE THIS EMAIL ADDRESS FOR ELECTRONIC SERVICE OF DOCUMENTS AND FOR COMMUNICATION REGARDING MY CASE.