



☐ 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		
RESPONSE TO MOTION		
TYPE OR PRINT USING BLACK OR BLUE INK.		

I, _____, ☐ **PARTY 1 / PETITIONER** ☐ **PARTY 2 / RESPONDENT**,
provide this response to the Court to admit and/or deny, set forth any legal defenses, and request the
following:

1. RECEIPT OF MOTION

☐ **I have received a copy** of the Motion (Request for Order) for this matter.

☐ **I have received additional documents** pertaining to this matter. (*List one title per box below.*)



CASE NO.:

☐ **I have read / had someone read to me**, the Motion (Request for Order) and/or any other documents I received for this matter.

2. RESPONSE TO MOTION

☐ **I consent to the order(s)** requested by the other party in whole or in part. *(Point out any or all parts of the Motion (Request for Order) you do agree with and explain why you do agree.)*

☐ **I do not consent to the order(s)** requested by the other party in whole or in part. *(Point out any or all parts of the Motion (Request for Order) you do not agree with and explain why you do not agree.)*

3. ATTACHMENTS



CASE NO.:

☐ **Additional documents are attached.** *(List one title per box below. Be sure to label each attachment using the same title as listed below, and organize the attachments in the same order as listed below):*

☐ I confirm that I provided a valid email address. I agree to check my email regularly. I understand that the Court and the other party will use the email address for electronic service of documents and for correspondence regarding my case.

CERTIFICATION

I certify, under penalty of perjury under the laws of 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.

TYPED / PRINTED NAME:	SIGNATURE:	DATE:
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