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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------|
| <input type="checkbox"/> ATTORNEY OR <input type="checkbox"/> PARTY WITHOUT ATTORNEY                                                                                                                                              | TRIBAL BAR NO: | <b>FOR COURT USE ONLY</b> |
| 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> ):                                                                                                                                                                                                |                |                           |
| <b>WILTON RANCHERIA TRIBAL COURT</b><br>9245 LAGUNA SPRINGS DRIVE, SUITE 110<br>ELK GROVE, CA 95758<br><a href="mailto:tribalcourtinfo@wiltonrancheria-nsn.gov">tribalcourtinfo@wiltonrancheria-nsn.gov</a> 916.683.6000 ext.1002 |                |                           |
| <b>REQUEST TO CONTEST CITATION</b>                                                                                                                                                                                                |                |                           |
| TYPE OR PRINT USING BLACK OR BLUE INK.                                                                                                                                                                                            |                |                           |

I, \_\_\_\_\_, **PARTY 2 / RESPONDENT**, was issued a citation under the Peace and Security Act by a Tribal Peace Officer of the Wilton Rancheria and submit this Request to the Court in response to the Petition filed by Wilton Rancheria, Party 1 / Petitioner under the Wilton Rancheria Peace and Security Act.

**1. PARTY 2'S TRIBAL AFFILIATION**

TRIBAL AFFILIATION

- ☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN WILTON RANCHERIA.  
☐ IS AN ENROLLED MEMBER OF ☐ IS ELIGIBLE FOR MEMBERSHIP IN



CASE NO.:

\_\_\_\_\_, A FEDERALLY RECOGNIZED TRIBE.

☐ IS NOT A MEMBER OR ELIGIBLE FOR MEMBERSHIP IN A TRIBE.

**2. CITATION INFORMATION**

|                                |                                                                                                                                                   |                         |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| DATE OF ISSUANCE (MM/DD/YYYY): | LOCATION OF ISSUE:                                                                                                                                | ISSUING OFFICER'S NAME: |
| DATE OF SERVICE (MM/DD/YYYY):  | METHOD OF SERVICE:<br><input type="checkbox"/> PERSONAL SERVICE <input type="checkbox"/> HAND DELIVERY<br><input type="checkbox"/> CERTIFIED MAIL |                         |

**3. RESPONSE TO CITATION**

I ☐ AGREE ☐ DO NOT AGREE WITH THE PETITION FILED BY THE TRIBE BECAUSE:

**4. EVIDENCE**

**I want the Court to consider** the attached evidence that supports my response:

EVIDENCE ATTACHED  
☐ WITNESS STATEMENTS ☐ VIDEOS ☐ PHOTOGRAPHS ☐ MAPS / CHARTS / DIAGRAMS  
☐ MEDICAL RECORDS ☐ TEST RESULTS ☐ OTHER (SPECIFY):

**5. REQUEST TO THE COURT**



CASE NO.:

I WOULD LIKE THE COURT TO:

☐ I WOULD LIKE THE COURT TO HOLD A HEARING REGARDING MY REQUEST

#### 6. ATTACHMENTS

☐ **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.*):

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#### 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: |
|-----------------------|------------|-------|