

**INTERTRIBAL COURT OF SOUTHERN CALIFORNIA**

49002 Golsh Road Valley Center, California 92082

Phone: (760) 751-4142

Fax: (760) 751-3078

Web: www.sciljc.org



**COMPLAINT**

<p>Petitioner's Full Name, Mailing Address, Phone Number, and Email Address</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Respondent's Full Name, Mailing Address, Phone Number, and Email Address</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <p>Tribe</p> <hr/> <p>Case Number</p>	<p><b>FOR COURT USE ONLY</b></p>
---	---	----------------------------------

I, \_\_\_\_\_, allege the following (attach additional pages if necessary):

A statement of the Intertribal Court of Southern California's jurisdiction over the case

---

---

---

---

---

A statement of the essential facts of the case that shows I am entitled to relief, including the nature of the claim, the amount of the claim, and the date(s) on which the claim arose

---

---

---

---

---

---

---

---

---

---

---

A statement of the type and, for monetary damages, the amount of relief sought

---

---

---

---

---

**I affirm that I understand my obligation under the Intertribal Court of Southern California Code of Civil Procedure and Rules of Court or applicable tribal law to (1) serve a copy of this Complaint and the corresponding Summons on the Respondent and (2) file a copy of this Complaint and proof of its service, along with proof of service of the corresponding Summons, with the Court Clerk.**

**I further affirm that the statements set forth above are accurate and complete to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date