



**SHINGLE SPRINGS BAND OF MIWOK INDIANS
TRIBAL COURT**

P.O. Box 531, Shingle Springs, CA 95682

Office: 530-698-1446 Fax: 530-676-6286

Email: tribalcourt@ssband.org

Tribal Court Intake Form

Name: _____ **Date:** _____ **Time:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Tribal Affiliation: _____ **Member:** Yes No (circle one)

Please explain/describe in detail your issue(s). Add paper if necessary.

Court Response:

<p>Case <input type="checkbox"/> Mediation/Arbitration <input type="checkbox"/> Referred <input type="checkbox"/> Other <input type="checkbox"/> _____</p>	<p>Date: _____ Phone Call: ____ Call Back: ____ Ret. Call: ____ Meeting: ____ Length: _____</p>
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