

SAINT REGIS MOHAWK TRIBAL COURT
IN AND FOR THE SAINT REGIS MOHAWK TRIBE

Plaintiff(s) _____ _____ v. Respondent(s) _____ _____	} } } } } } }	Case No.: _____ <i>(to be filled in by the Court Clerk)</i> CIVIL COMPLAINT
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I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint.
Attach additional pages if needed.

Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

B. The Respondent(s)

Provide the information below for each respondent named in the complaint. Attach additional pages if needed.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

II. Statement of Claim

Write a short and plain statement of the claim. State as briefly as possible the facts showing how each plaintiff is entitled to the damages or other relief sought. State how each respondent was involved and what each respondent did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. Attach additional pages if needed.

III. Relief

State briefly and precisely what damages or other relief the plaintiff(s) asks the Court to order. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages or court costs claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

IV. Certification and Closing

By signing below, I certify to the best of my knowledge, information, and belief that this complaint is not being presented for an improper purpose such as to harass or cause unnecessary delay. I agree to provide the Saint Regis Mohawk Tribal Court with any changes to my address where case-related papers may be served. I understand that my failure to keep my address updated may result in the inability of the Court to send my documents to me.

Date of signing: _____

Signature of Plaintiff(s): _____

Printed Name of Plaintiff: _____

A. For Parties with an Attorney:

Date of signing: _____

Signature of Attorney: _____

Printed Name of Attorney: _____

Are you a member of the SRMT Tribal Bar? Yes or No (circle one)

Name of Law Firm: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

State of New York

Territory of Akwesasne

The foregoing was acknowledged before me on _____, _____, by
_____.

Notary Public

My Commission Expires: _____