

POKAGON BAND OF POTAWATOMI INDIANS TRIBAL COURT	SUMMONS	CASE NO.
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Court Address: 58620 Sink Road, P.O. Box 355, Dowagiac, MI 49047 Phone (269) 783-0505 Fax (269) 783-0519

Petitioner(s): name(s), address(es), telephone no.(s):	v.	Respondent(s): name(s), address(es), telephone no.(s):
Petitioner(s) Attorney, bar no., firm, address(es), telephone no.(s):		

SUMMONS

NOTICE TO THE RESPONDENT: In the Name of the People of the Pokagon Band of Potawatomi Indians, you are hereby notified that:

1. You are being sued.
2. **YOU HAVE 21 DAYS** after receiving this *Summons* and attached *Complaint*, if you are personally served or 28 days if: (1) you are served by mail; or (2) you were served outside the State of Michigan; to:
 - a. **File a written answer or other responsive pleadings with the Court;**
 - b. **Serve a copy of your answer on the other party; and**
 - c. **File *Proof of Service* with the Court that you served your pleadings upon the other party.**
3. If you do not answer within the time allowed, a judgment may be entered against you for the relief demanded in the *Complaint*.

_____ Date

_____ Tribal Court Judge

Issued*	This <i>Summons</i> expires*	Court Clerk
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Case No. _____

PROOF OF SERVICE

INSTRUCTIONS: You are required to serve the *Summons and Complaint* no later than 91 days from the date of filing or the date of expiration on the order of second summons. You must make and file your return with the Pokagon Band Tribal Court. If you are unable to complete service you must return the original and all copies to the Pokagon Band Tribal Court.

Certificate/Affidavit of Service/Non-Service

Officer Certificate I certify that I am a Tribal police officer, sheriff, deputy sheriff, bailiff, appointed court officer, or attorney for a party, and that: (notarization not required) **OR** **Affidavit of Process Server** Being duly sworn, I state I am a legally competent person who is not a party or an officer of a corporate party, and that: (notarization required)

- I served by registered mail or certified mail, restricted delivery, return receipt requested, (a copy of the return receipt is attached),
- I personally served a copy of the *Summons and Complaint*,

together with _____
List all documents served with the *Summons and Complaint*

on the Respondent(s) as listed below;

Respondent(s) Name	Complete Address of Service	Time and Date of Service

I have personally attempted to serve a copy of the *Summons and Complaint*, together with any attachments on the following Respondent(s) and have been unable to complete service for the following reasons: (Please list the name(s) of the Respondent(s) that you were unable to serve)

Respondent(s)Name	Complete Address of Service	Time and Date of Service

_____ Date _____ Signature _____
_____ Title _____

Subscribed and Sworn to before on _____, _____ County, Michigan.

My commission expires: _____ Date _____ Signature: _____ Notary Public

ACKNOWLEDGEMENT OF SERVICE

I, _____, acknowledge that I have received service of the
Acknowledging Party

Summons and Complaint, together with any attachments on _____
Day, Date, Time

_____ on behalf of _____
Signature of Acknowledging Party