



Pokagon Band of Potawatomi Indians Tribal Court

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Dowagiac, MI 49047
Phone (269) 783-0505
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CASE NO:			
Petitioner(s): name(s), address(es), telephone no.(s):	v.	Respondent(s): name(s), address(es), telephone no.(s):	
Petitioner(s) Attorney, bar no., address(es), telephone no.(s):		Respondent(s) Attorney, bar no., address(es), telephone no.(s):	

INSTRUCTIONS FOR COMPLETING THIS FORM

Number the paragraphs in this *Answer to Complaint* to correspond with the numbered paragraphs in the *Complaint*. Attach additional sheets if necessary. File the original *Answer* and two copies with the Tribal Court.

ANSWER TO COMPLAINT

Respondent, _____, *answers*
(Respondent's Name)

Petitioner's, _____, *Complaint*
(Petitioner's Name)

and states the following:

I declare that the information in this *Answer* and any attached information is true to the best of my knowledge, information, and belief.

_____ Date

_____ Signature of Respondent

_____ Please Print Name