

POKAGON BAND OF POTAWATOMI INDIANS TRIBAL COURT	PROOF OF SERVICE OR ATTEMPTED SERVICE Use Note: this form is not to be used for proof of service of a summons or for publication	CASE NO.
--	---	-----------------

58620 Sink Road, P.O. Box 355, Dowagiac, MI 49047

Phone (269) 783-0505 Fax (269) 783-0519

Petitioner name, address, telephone:	V.	Respondent name, address, telephone:
Petitioner's attorney, bar no., address, and telephone no.		Respondent's attorney, bar no., address, and telephone no.

In the Matter of: _____

I served the Petitioner Respondent (list of documents served) _____
as follows:

SERVICE BY MAIL

On _____, by First-Class Mail, postage fully paid to the last known address as stated above.

On _____, by Registered or Certified Mail, return receipt requested, restricted delivery to the addressee, to the last known address as stated above (copy of return receipt attached).

PERSONAL SERVICE

I personally served a copy of the above-stated documents on the Petitioner Respondent as follows:

Name	Complete Address of Service	Day, Date and Time of Service

ATTEMPTED SERVICE

I have personally attempted to serve a copy of the above-stated documents, together with any attachments on the Petitioner Respondent and have been unable to complete service for the following reasons:

Name	Complete Address of Attempted Service	Day, Date and Time of Service

_____ Date _____ Name and Title

ACKNOWLEDGMENT OF SERVICE

I, _____, acknowledge that I have received the above-stated documents together with any attachments on _____, _____ Day, Date, and Time

_____ on Behalf of _____.

Signature of Acknowledging Party