

LITTLE RIVER BAND OF OTTAWA INDIANS TRIBAL COURT	COMPLAINT Page of pages	CASE NO.
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Court address

Court telephone no.

Plaintiff's name(s), address(es), phone no(s). & email address(es):

Plaintiff's attorney, bar no., address, phone no. & email address:

v

Defendant's name(s), address(es), phone no(s). & email address(es):

FOR ITS COMPLAINT, PLAINTIFF(S) STATE(S) AS FOLLOWS: (attach additional pages, if necessary)

_____ Date

_____ Signature of Plaintiff or Plaintiff's Attorney

LITTLE RIVER BAND OF OTTAWA INDIANS TRIBAL COURT	SUMMONS	CASE NO.
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Court address **Court telephone no.**

Plaintiff's name(s), address(es), phone no(s). & email address(es):

Defendant's name(s), address(es), phone no(s). & email address(es):

v

Plaintiff's attorney, bar no., address, phone no. & email address:

Instructions: Check the items below that apply to you and provide any required information. Submit this form to the court clerk along with your complaint and, if necessary, a case inventory addendum (form MC 21). The summons section will be completed by the court clerk.

Domestic Relations Case

- There are no pending or resolved cases within the jurisdiction of the Tribal Court and/or family division of the county circuit court involving the family or family members of the person(s) who are the subject of the complaint.
- There is one or more pending or resolved cases within the jurisdiction of Tribal Court and/or the family division of the county circuit court involving the family or family members of the person(s) who are the subject of the complaint. I have separately filed a completed confidential case inventory (form MC 21) listing those cases.
- It is unknown if there are pending or resolved cases within the jurisdiction of the Tribal Court and/or family division of the county circuit court involving the family or family members of the person(s) who are the subject of the complaint.

Civil Case

- This is a business case in which all or part of the action includes a business or commercial dispute under MCL 600.8035.
 - MDHHS and a contracted health plan may have a right to recover expenses in this case. I certify that notice and a copy of the complaint will be provided to MDHHS and (if applicable) the contracted health plan in accordance with MCL 400.106(4).
 - There is no other pending or resolved civil action arising out of the same transaction or occurrence as alleged in the complaint.
 - A civil action between these parties or other parties arising out of the transaction or occurrence alleged in the complaint has been previously filed in this court, _____ Court, where it was given case number _____ and assigned to Judge _____.
- The action remains is no longer pending.

Summons section completed by court clerk.

SUMMONS

NOTICE TO THE DEFENDANT: In the name of the people of the State of Michigan you are notified:

1. You are being sued.
2. **YOU HAVE 28 DAYS** after receiving this summons and a copy of the complaint to **file a written answer with the court** and serve a copy on the other party **or take other lawful action with the court.**
3. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint.
4. If you require special accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

Issue date	Expiration date*	Court clerk
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*This summons is invalid unless served on or before its expiration date. This document must be sealed by the seal of the court.

**LITTLE RIVER BAND
OF OTTAWA INDIANS
TRIBAL COURT**

PROOF OF SERVICE

CASE NO.

Court Address
3031 Domres Road, Manistee, MI 49660

Court Telephone No.
(231) 398-3406

To the Process Server: You must make and file your return with the Court Clerk. If you are unable to complete service you must return this original and all copies to the Court Clerk.

Document(s) Served: _____

CERTIFICATE/AFFIDAVIT OF SERVICE/NON-SERVICE

OFFICER CERTIFICATE:

OR

AFFIDAVIT OF PROCESS SERVER:

I certify that I am a Tribal Police Officer, State or County Officer, Bailiff, or Court Officer and that:

Being first duly sworn, I state that I am a legally competent adult who is not a party or an officer of a Corporate party and state that:
(must be notarized)

Name of Recipient

Address of Service

Date: _____ Time: _____

I personally served a copy of the above-referenced documents upon the recipient.

After diligent search and inquiry, I have been unable to find and serve the recipient.

I have personally attempted to serve the above-referenced documents upon the recipient and have been unable to complete service because his/her address was incorrect at the time of filing.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Signature: _____

Title: _____

*Acknowledged by _____ before me on this date: _____

Signature _____

Printed name _____

Notary public, State of Michigan, County of _____

Acting in the County of _____

My commission expires _____

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

***Process Server Only**

Acknowledgment of Service: I acknowledge that I have received service of the above-referenced documents on:

Date: _____

Signature _____

Printed Name: _____

Return Proof of Service to: _____