

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

IN THE TRIBAL COURT OF THE  
LOWER SIOUX COMMUNITY IN MINNESOTA

LOWER SIOUX INDIAN RESERVATION

STATE OF MINNESOTA

\_\_\_\_\_

Plaintiff,

**COMPLAINT**

vs.

\_\_\_\_\_

Tribal Court File No.: \_\_\_\_\_

Defendant.

**I. CAUSE OF ACTION**

The Plaintiff in the above-captioned case files this action requesting relief against the named Defendant for the following cause of action: \_\_\_\_\_

The following information relates to the **PLAINTIFF**:

**PLAINTIFF'S INFORMATION**

1. Name: \_\_\_\_\_

2. Maiden name (if applicable): \_\_\_\_\_

3. Address: \_\_\_\_\_  
(Include physical address also if P.O. Box is listed)

City

State

Zip Code

4. Phone: (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_  
Home Work cell

5. Facsimile (if available): (\_\_\_\_) \_\_\_\_\_

6. Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

or  Plaintiff is not presently employed.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

The following information relates to the **DEFENDANT**:

**DEFENDANT'S INFORMATION**

- 1. Name: \_\_\_\_\_
- 2. Maiden name (if applicable): \_\_\_\_\_
- 3. Address: \_\_\_\_\_  
(Include physical address also if P.O. Box is listed)  
\_\_\_\_\_ City State Zip Code
- 4. Phone: (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_  
Home Work cell
- 5. Facsimile (if available): (\_\_\_\_) \_\_\_\_\_
- 6. If Defendant cannot be located at the address listed above at 3., a possible alternative place to locate him/her is at the following location: \_\_\_\_\_

Summary of the incident and circumstances: \_\_\_\_\_

List any documents you intend to use in your case: *(if documents are attached, please identify each by content and number of pages)* \_\_\_\_\_

**II. REQUEST FOR RELIEF**

1 **III. LIST OF WITNESSES THAT MAY BE CALLED IN THIS CASE:**

2 1. Name: \_\_\_\_\_

3 Address: \_\_\_\_\_

4 Phone Number: \_\_\_\_\_

5 2. Name: \_\_\_\_\_

6 Address: \_\_\_\_\_

7 Phone Number: \_\_\_\_\_

8 3. Name: \_\_\_\_\_

9 Address: \_\_\_\_\_

10 Phone Number: \_\_\_\_\_

11 **IV. PRAYER FOR RELIEF:**

12 For the reasons stated above and according to the attached documentation, the Plaintiff  
13 requests that the Court enter a Judgment against the Defendant and grant the relief sought by  
14 the Plaintiff.

15 NUMBER OF ADDITIONAL PAGES USED: \_\_\_\_\_

16 By affixing my signature below, I swear that I have provided the above information in  
17 good faith and with the belief that each statement represents a true and accurate account of the  
18 facts based upon adequate research and investigation. I recognize that the Lower Sioux Indian  
19 Community Tribal Court may impose sanctions if it determines that I have made statements in  
20 bad faith, including intentional misstatements or statements made upon inadequate research or  
21 investigation. I also recognize that the foregoing admonition extends to include the omission of  
22 material facts or law, which I knew, or should have reasonably known, would impact or prove  
23 relevant to the action.

24 I file this petition of my own free will and absent threats, intimidation or coercion of  
25 any kind. I understand that any decision reached by the Lower Sioux Indian Community Tribal  
26 Court is binding and that if I disagree with the findings or conclusions or remedies of the Tribal  
27 Court, I may file an appeal with the Lower Sioux Indian Community Appellate Court. I further  
28 acknowledge that since I am submitting myself to the jurisdiction of the Lower Sioux Indian

1 Community Judiciary, I am subject to its determinations, including those relating to contempt  
2 of court.

3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**RESPECTFULLY SUBMITTED BY PLAINTIFF,**

Signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of counsel (if any): \_\_\_\_\_

Mailing address of counsel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail address of counsel: \_\_\_\_\_

Telephone number of counsel: \_\_\_\_\_

Facsimile number of counsel: \_\_\_\_\_

LSIC number of counsel: \_\_\_\_\_

Additional information may be described below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_