

FORT MOJAVE TRIBAL COURT

Fort Mojave Indian Tribe of Arizona, California & Nevada Reservation

Physical & Mailing Address: 8492 South Highway 95, Mohave Valley, Arizona 86440 Telephone: (928) 346-5200 Fax: (928) 346-5287

PETITIONER:			_		
			_		
			— COURT USE		
Phone: Home:	Work:	Mobile:	ONLY		
V.					
RESPONDENT:			Case Number		
			_		
			 Division: CIVIL		
Phone: Home:	Work:	Mobile:	_		
WITNESS AND EXHIBIT LIST					
am the □Petitioner □ Respondent in this action. I submit the following list of witnesses to be called for testimony at trial (Use additional sheet if necessary):					
<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Telephone Number</u>		
1					
2					
3.					
4					
5					
submit the following list	of exhibits to be used at	trial (Use additional sheet if	necessary):		
1					
2					
0					

4			
5			
I swear or affirm	all information stated above	e is true under penalty of perjury.	
Date:	Signa	Signature:	
lease Print)			
ubmitted by: none No.:	Addre	ess:	
	CERTIFICATE OF	SERVICE	
		ponse to Motion was served on the opposir thod and at the address indicated below:	
		□ U.S. Mail, First Class Postage Prepaid	
		☐ Hand Delivery	
our Signature:			
	COURT USE ONL	<u>Y</u>	
	Subpoena issued		
Date:	Time:	Clerk:	