

MASHANTUCKET PEQUOT TRIBAL COURT
OFFICE OF THE TRIBAL COURT CLERK
P.O. BOX 3126
MASHANTUCKET, CT 06338-3126



Mashantucket Pequot
Tribal Nation
Tribal Court

FOR COURT USE ONLY
DOCKET NO.

_____, **Plaintiff(s)**

V.

CIVIL SUMMONS

_____, **Defendant(s)**

To the Defendant: _____

At the following address: _____

The Plaintiff(s) _____ has begun a lawsuit against you in this Court. If you wish to oppose this lawsuit, you or your attorney must: (1) Prepare and serve a written notice of appearance; AND (2) Prepare and serve a written answer to the attached Complaint/Claim within 30 days after the date this SUMMONS has been served upon you. You or your attorney must serve your Appearance and Answer by delivering it in person or by mail to the Plaintiff(s) or the Plaintiff(s) attorney(s), if they are so represented, whose name(s) and address(es) appear below.

- 1. Plaintiff (attorney): _____ address: _____
- 2. Plaintiff (attorney): _____ address: _____

You or your attorney must also file your Appearance and Answer by mailing them to the Office of the Tribal Court Clerk, P.O. Box 3126, Mashantucket, CT 06338-3126 within the time specified above.

IMPORTANT WARNING: If you fail to serve an Appearance or Answer in the time stated above, or if, after you answer, you fail to appear at any time the Court notifies you to do so, a judgment by default may be entered against you for the relief demanded in the Complaint/Claim.

[Seal of the Court]

Dated _____

Clerk/Deputy Tribal Court Clerk*

* The Tribal Court Clerk is signing this Summons at the request of the Plaintiff(s) and is not responsible in any way for any error or omission in the Summons or any allegations contained in the Complaint/Claim.

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RETURN OF SERVICE	
Service of the Summons and Complaint was made by me,	DATE:
NAME OF SERVER:	TITLE:
Check one box below to indicate appropriate method of service	
<input type="checkbox"/>	Served IN HAND upon the Defendant: ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
<input type="checkbox"/>	Left copies at the Defendant's DWELLING HOUSE or USUAL PLACE OF ABODE : ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
<input type="checkbox"/>	Served an AGENT authorized by appointment or by law to receive service: NAME OF AGENT: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
<input type="checkbox"/>	OR, BY ORDER OF THE COURT dated _____, _____: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Mailed copies by Certified Mail/Registered Mail (certificate of mailing) to the Defendant addressed to the following address: ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ <input type="checkbox"/> Certified/Registered Mail Article Number: Return Receipt {Green Card} Returned on: Served on: Returned unexecuted on the following date: </div> <input type="checkbox"/> OTHER (Please specify, e.g., by publication): _____
<input type="checkbox"/>	Pursuant to M.P.R.C.P. 4d, upon an Indian Nation or Tribe; a Town, City, State, or the United States; a Corporation or Partnership; the Mashantucket Pequot Tribe, as directed in said Rule of Civil Procedure.
STATEMENT OF SERVICE FEES	
TRAVEL:	SERVICES:
TOTAL:	
DECLARATION OF SERVER	
I declare under penalty of perjury that the foregoing information contained in the Affidavit of Service and Statement of Service Fees is true and correct.	
Date Executed:	Signature of Server:
Address of Server:	
COURT USE ONLY	
TRIBAL COURT FILING DATE:	
_____ v. _____ MPTC-_____	