

<b>NOTTAWASEPPI HURON BAND OF THE POTAWATOMI TRIBAL COURT</b>	<b>PETITION &amp; AFFIDAVIT FOR RECOGNITION OF FOREIGN COURT ORDER</b>	<b>CASE NO.</b>
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Court Address: 2221 1 1/2 Mile Road, Fulton, MI 49052 Court Telephone No. (269) 704-8404 Court Fax No. (269) 729-4826

<b>PLAINTIFF/PETITIONER</b> (Name, Address, Telephone):    <b>ATTORNEY FOR PLAINTIFF/PETITIONER:</b>	<b>v.</b>	<b>DEFENDANT/RESPONDENT</b> (Name, Address, Telephone):    <b>ATTORNEY FOR DEFENDANT/RESPONDENT:</b>
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**TO THE TRIBAL COURT:**

I, \_\_\_\_\_, depose and state:

1. I am the Petitioner or attorney for the Petitioner in the above-referenced matter.
2. My name and address listed in the caption above is correct.
3. The name of the Respondent is: \_\_\_\_\_.
4. The last known address of the Respondent is: \_\_\_\_\_.
5. A foreign judgment was entered against the Respondent and is attached to the Certification of Records of Foreign Court which accompanies the filing of this Petition/Affidavit.
6. The foreign judgment attached to the Certification of Records of Foreign Court is final and no appeal that involves the judgment is pending.
7. No subsequent orders vacating, modifying, or reversing the foreign judgment have been entered in the jurisdiction that rendered the judgment.
8. To the best of my information, knowledge and belief, the Respondent is subject to the jurisdiction of the Tribal Court with regard to recognition of the foreign judgment because of the following:
  - a.  The Respondent works for the Nottawaseppi Huron Band of the Potawatomi;
  - b.  The Respondent works for the FireKeepers Casino Hotel which is a subordinate entity of the Nottawaseppi Huron Band of the Potawatomi;
  - c.  The Respondent resides on Tribal land, and/or;
  - d.  Refer to the attached Affidavit.
9. The Court from which the foreign judgment was issued provides reciprocal recognition and enforcement to the orders, judgments, decrees, subpoenas, and warrants of this Tribe:

\_\_\_\_\_ Date (mm/dd/yyyy)                      \_\_\_\_\_ Signature of Plaintiff/Petitioner

Subscribed and sworn to me on \_\_\_\_\_ in \_\_\_\_\_ County,

State of \_\_\_\_\_ Date (mm/dd/yyyy)  
 My commission expires: \_\_\_\_\_ Date (mm/dd/yyyy)

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

Notary Public for \_\_\_\_\_ County, State of \_\_\_\_\_.