

Sisseton Wahpeton Oyate Tribal Court State of South Dakota	Involuntary Treatment	IN TRIBAL COURT CASE NO.
------------------------------------------------------------------	-----------------------	---------------------------------

**IN ORDER TO PROCESS PAPER WORK IN A TIMELY MANNER WE NEED THE
FOLLOWING
ALL PARTIES INVOLVED**

Plaintiff/Petitioner

Defendant/Respondent

Mailing and Physical (if different) Address

Mailing and Physical (if different) Address

Telephone Number

Telephone Number

PLACE OF EMPLOYMENT (FOR SERVICE)

TRIBAL ENROLLMENT (FOR MINORS)

Plaintiff

Defendant

ATTORNEY NAME

Plaintiff

Defendant

Address/Phone Number

Address/Phone Number

Should your case proceed to trial please provide a list of pertinent witnesses to your case. Please provide names and addresses AS SOON AS POSSIBLE so they can be served. If your witness is willing to come on their own, please provide a list to Tribal Court prior to trial. Continuance requests will be accepted in writing 24 hours before the hearing date.

PAPER WORK WILL NOT BE PROCESSED IF THE ABOVE INFORMATION IS NOT PROVIDED

SISSETON-WAHPETON SIOUX TRIBE
LAKE TRAVERSE RESERVATION
STATE OF SOUTH DAKOTA

INFORMATION FOR (EMERGENCY)
___ ALCOHOL COMMITMENT
___ MENTAL HEALTH COMMITMENT

1. Full name of Petitioner, date of birth, relationship to Respondent, address and enrollment:

(NAME)

(ADDRESS)

(DATE OF BIRTH)

(ENROLLMENT)

(RELATIONSHIP)

2. Full name of Respondent, date of birth, place of residency, enrollment, marital status and occupation.

(NAME)

(PLACE OF RESIDENCY)

(DATE OF BIRTH)

(ENROLLMENT)

(MARITAL STATUS)

(OCCUPATION)

3. State name, address and relationship of the immediate relatives or guardian of the Respondent.

(NAME)

(NAME)

(RELATIONSHIP)

(RELATIONSHIP)

(ADDRESS)

(ADDRESS)

(NAME)

(NAME)

(RELATIONSHIP)

(RELATIONSHIP)

(ADDRESS)

(ADDRESS)

