

COQUILLE INDIAN TRIBAL COURT

_____)
_____)
_____)
_____) NOTICE OF DISPUTE
_____) AND REQUEST FOR
_____) TRANSFER OF
_____) DISPUTE TO
_____) PEACEGIVING
_____)
_____)
_____)
_____)
_____)
_____) , Requestors
_____)
_____)

The persons listed above notify the Court of a dispute and request that this dispute be transferred to the Coquille Indian Tribal Court Peacegiving Program. A summary of the dispute is attached as Exhibit A.

The Tribal Peacegiving Ordinance at CITC 655.050 says that “The Tribal Council establishes its Peacegiving program, placed under the supervision and control of the Chief Judge of the Coquille Tribal Court.”

The Tribal Peacegiving Ordinance at CITC 655.110(1) says that, “With the consent of the parties, the Tribal Court may transfer any case or dispute to the Peacegiving Program.”

By signing below, each party verifies that (1) the party is involved in a dispute involving the other parties; (2) the summary of the dispute, which is attached as Exhibit A, is correct; and (3) the dispute occurred within Coquille Indian Tribal lands. “Tribal lands” include Coquille Indian

- Reservation or trust land;
- Service area (Coos, Curry, Douglas, Jackson and Lane Counties); and
- Lands or other property in which the Tribe has a beneficial interest for a reason set forth in CITC 600.200(1)(b)(4).

By signing below, each party consents to the jurisdiction of the Coquille Indian Tribal Court and the Peacegiving Program and verifies that the party is:

- A Coquille Tribal member or eligible for Coquille Tribal enrollment; or
- An enrolled member of another federally recognized Indian Tribe; or
- Domiciled or present on the Coquille tribal land; or
- Has consented to Tribal Court jurisdiction.

A parent or guardian must sign in addition to any party younger than eighteen years of age. Parents and guardians of a party younger than

eighteen years of age shall receive notice of and may attend any Peacegiving proceeding.

Signature

____/____/____ ____/____/____
Date of Signature Date of Birth
(If under age 18)

Printed name:
Address:
Telephone number:

Signature

____/____/____ ____/____/____
Date of Signature Date of Birth
(If under age 18)

Printed name:
Address:
Telephone number:

Signature

____/____/____ ____/____/____
Date of Signature Date of Birth
(If under age 18)

Printed name:
Address:
Telephone number:

Signature

____/____/____ ____/____/____
Date of Signature Date of Birth
(If under age 18)

Printed name:
Address:
Telephone number:

