

**MORONGO BAND OF MISSION INDIANS
TRIBAL COURT**

12700 Pumarra Road Banning, CA 92220

(951) 572- 6068

(for court use only)

Name of Claimant: _____
Last Name First Name Middle Name

Address of Claimant: _____
Street Address City State Zip Code

Date of Birth: _____ Social Security #: _____
(required)

Telephone Numbers: _____
Home Work Cell

MAILING address if different than above:

Last Name First Name Middle Name

Address City State Zip Code

Name of Attorney:
Or Representative:
Address:

Telephone Number:

Email Address:

CASE NO.

TORT CLAIM

1. Date, location and detailed account of alleged incident or occurrence that gave rise to your claim, including explanation of why the Tribe is at fault for the Claimant's injuries:

2. Identity or description of all persons involved in the incident or occurrence that gave rise to your claim:

3. Identity or description of all witnesses to the incident or occurrence that gave rise to your claim:

Claimant:

Case No.:

4. Provide a detailed statement of the nature and extent of the alleged injuries to Claimant's person or damages to Claimant's property.

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5. Provide the amount of money damages claimed and the basis for computing them.

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☐ Additional information for items 1 through 5 is continued on Attachment.

I declare under the penalty of perjury that the foregoing is true and correct.

Dated: _____

Claimant

Print Name

Claimant's Legal Guardian

Print Name

Claimant's Attorney or Representative

(This attachment may be used with any Morongo Tribal Court form.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is a faint vertical crease down the center, suggesting it's a notebook page. The paper is otherwise blank, with no writing or markings.