

**ONEIDA JUDICIARY  
INSTRUCTIONS FOR FILING PER CAPITA ATTACHMENT**

1. Complete and sign the Per Capita Attachment Form and the Summons.
2. Must provide an original and two copies of the Per Capita Attachment Form and Summons including all attachments. (3 sets total).
3. File the original and two copies of the Per Capita Attachment Form and Summons (1 for the court, 1 for you, and 1 for service on the other party).
  - a. The Clerk will review your papers and assign a case number and the court date on the Summons.
  - b. Pay a filing fee of \$50.00 with the clerk (This may be recovered in the judgment)
4. The Per Capita Attachment Form and Summons must be served on the other party (Respondent). **You may not personally serve the court papers yourself!**
  - a. The Per Capita Attachment Form and Summons must be served within 30 days after they are filed. An additional 30 days may be requested.
  - b. Proof of service shall be delivered to the Court within ten (10) days of service upon the Respondent. Proof of service is an Affidavit of Service, Certified Mail Return Receipt (Green Card) or a copy of each newspaper publishing.
5. Serve the copy of the Per Capita Attachment Form and Summons. You must attempt Personal service before Mail service. Please reference below the types of service:
  - a. Personal Service: Personal service shall consist of delivering to the party a copy of the paper being served by a law enforcement officer or other person, who is not a party to the action and who is at least eighteen (18) years of age.
    - i. If the Respondent lives on the Oneida Reservation, OPD will serve upon request at no charge. OPD will fill out an affidavit of service which needs to be filed as proof of service.
  - b. Mail Service (if personal service is not possible): Service of any and all papers, when made by mail must be by certified mail, with return receipt (green card).
  - c. Service of Publication: Must be requested to the Court. Must be published in the Kalihwisaks **OR** in a newspaper in the area of the party's last known address. (Service by publication is a last resort and can only be used if personal and mail service is unsuccessful).
6. **A representative from the Tribal department must appear at the hearing.**

**Any questions, call the Clerk of Court at 920-496-7200.**

**ONEIDA JUDICIARY-TRIAL COURT  
PER CAPITA ATTACHMENT**

Case No. \_\_\_\_\_

**Petitioner:** (If more than one Petitioner, attach below information on a separate sheet)

Enter the name, address and daytime phone number of the person filing the Petition. (You are the Petitioner).	_____			
	Tribal Department			
	_____			
	Current Mailing Address			
	_____			
	City	State	Zip	Daytime Phone Number
_____				
	Name of person completing Petition		Employee Number	

**Respondent:** (If more than one Respondent, attach below information on a separate sheet)

Enter the name, address, and daytime phone number of the Respondent.	_____			
	First name	Middle name	Last name	(Maiden name)
	_____			
	Current Mailing Address			
	_____			
	City	State	Zip	Daytime Phone Number
_____				
	Respondent's Date of Birth		Respondent's Tribal Status	Enrollment No.

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**COMPLAINT**

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1. Please explain why you are seeking an attachment of the Respondent(s) Per Capita distribution:

What is the alleged non-payment to the tribal department?	_____
	_____
	_____
	_____
	_____

SEE ATTACHED.

2. Please explain the facts supporting your claim:

Describe what happened, who did it, where it took place, and when it occurred.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

SEE ATTACHED.

3. Is the Respondent currently on active duty as a member of the Armed Forces of the United States of America or its allies?

Yes No

4. Please list the specific relief sought from the Respondent(s):

Explain what you want the Respondent to pay? (Including any service fees, filing fees or other costs associated with this action).

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

SEE ATTACHED.

NOTE: The party being served with this Complaint has twenty (20) days to file an Answer/Response in writing with the Court and the other party OR the party being served has the option to respond in person at the hearing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BY: Petitioner or Petitioner's Attorney/Advocate

Signature

Printed

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**ONEIDA JUDICIARY**

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\_\_\_\_\_,  
**Petitioner(s)**

**Case No:** \_\_\_\_\_

v.

\_\_\_\_\_,  
**Respondent(s)**

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**SUMMONS**

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**To the person named above as Respondent:**

A Per Capita Attachment Complaint was filed and is attached to this summons.

**You are summoned to appear for hearing before the court on:**

Date: _____
Time: _____
Presiding Judge:
Location: 2630 W. Mason Street, Green Bay, WI 54303

A failure to appear and defend may result in a default judgment against the Respondent for the relief demanded in the Complaint.

**BY THE CLERK:**

\_\_\_\_\_  
Signature (Clerk)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Petitioner or Petitioner's Attorney/Advocate)

\_\_\_\_\_  
Date

# AFFIDAVIT OF SERVICE

Case No. \_\_\_\_\_

\_\_\_\_\_  
Petitioner

v.

\_\_\_\_\_  
Respondent

I, \_\_\_\_\_, swear that on \_\_\_\_\_, I personally served  
Date

the Per Capita Attachment Complaint on the following  
person:\_\_\_\_\_.

Date:

Time:

Location:

To the best of my knowledge, \_\_\_\_\_, is present in the  
community and is not a member of the armed forces.

I swear the foregoing is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Person serving other party

PLEASE NOTE: Only use this form if you are having the other person personally served. If you are serving the other person by certified mail, simply give the return receipt (green card) to the Clerk of Court.