

**ONEIDA JUDICIARY
INSTRUCTIONS FOR FILING A COMPLAINT**

1. Complete and sign the Complaint and Summons.

- a. If this is a Worker's Compensation case you **MUST** also provide along with this Civil Complaint packet, a Workman's Compensation Hearing Application and a denial letter or additional documentation.
 - i. For Worker's Compensation **ONLY**-The Clerk will give to the judge for review. The judge will determine whether to hear the appeal. If the judge decides to hear the appeal, the Clerk will issue a Summons and serve each of the parties and/or representative.

2. File the original Complaint with the Court.

- a. The Clerk will review the filing for completion.
- b. The Clerk will assign a case number.
- c. Pay a filing fee of \$50.00 with the Clerk (or request a fee waiver).
Note: (1) For Fee Waiver Requests, you must provide documentation (proof) of income.
(2) A Security deposit may be required.
- d. The Clerk will issue a Summons with court date and time.

3. Serve all Parties.

- a. **You may not serve/deliver the court papers yourself!**
- b. The Complaint and Summons must be served on the Respondent(s).
 - i. If the Respondent has an attorney/advocate, serve the complaint and summons on the Respondent's attorney/advocate.
 - ii. If any Oneida Nation Entity or Department is a party, you must also serve the Nation's Secretary's Office.
- c. Proof of service must be delivered to the Court within ten (10) days of service upon the Respondent. Proof of service shall be in accordance with Rules 803.5-6
- d. The Complaint and Summons must be served within 30 days after the date filed.

4. Types of Service:

- a. Personal Service: (**MUST be attempted first**) Personal service consists of delivering to each of the parties a copy of the paper being served. It can be served by:
 - i. A law enforcement officer or
 - ii. Any other person who is:
 1. not a party to the action and
 2. at least eighteen (18) years of age.
- b. Mail Service (**IF personal service is not successful**): Service of any and all papers, when made by mail and from any party shall be by certified mail, with return receipt (green card).
- c. Service of Publication: To Serve by publication you must make a request to the Court. Form is available at <https://oneida-nsn.gov/government/judiciary/>

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

ONEIDA JUDICIARY
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TRIAL COURT

CIVIL COMPLAINT

Case No. _____

Please check appropriate box for type of case:

- | | |
|---|--|
| <input type="checkbox"/> Small Claims (\$5,000 or less) 801 | <input type="checkbox"/> Indian Preference 502 |
| <input type="checkbox"/> Contract Dispute 801 | <input type="checkbox"/> Worker's Compensation 203 |
| <input type="checkbox"/> Declaratory Judgment 801 | <input type="checkbox"/> Other Tribal Law _____ |

For Temporary Restraining Orders or Preliminary Injunctions, please use Temporary Restraining Order and/or Preliminary Injunction Complaint Packet.

Petitioner: Check this box 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).

First name	Middle name	Last name	(Maiden name)	
_____ Current Mailing Address				
City	State	Zip	Daytime Phone Number	
_____ Petitioner's Date of Birth		_____ IF represented, attorney or advocate name		
Attorney or advocate mailing address	City	State	Zip	Phone Number
_____ Is attorney or advocate approved to practice at the Oneida Judiciary? Yes or No <input type="checkbox"/> Unknown				

Respondent: Check this box 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			

COMPLAINT

1. Please explain why the Respondent(s) is being sued:

Please explain what Tribal law(s), regulation(s), policies, or ordinances were not followed.

SEE ATTACHED.

2. Please explain the facts supporting your claim. List each statement separately:

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

SEE ATTACHED.

3. Please check all that apply for personal jurisdiction:

PETITIONER

- Oneida Nation member (Enrollment No. _____).
- Married to Oneida Nation member.
- Married to a member of a federally recognized Indian Tribe who resides on the Oneida Reservation.
- Employee of the Oneida Nation (Employee No. _____).

- Member of a federally recognized Tribe and resides on the Oneida Reservation.
- Non-Indian and consent to the jurisdiction of the Oneida Judiciary.
- Oneida Nation Entity or Department (_____).
- Other: _____.

Oneida Trial Court
P.O. Box 19
Oneida, WI 54155
(920) 496-7200

NOTE: The party being served with this Complaint has twenty (20) days to file an Answer/Response in writing to 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

Phone #

Oneida Trial Court
P.O. Box 19
Oneida, WI 54155
(920) 496-7200

**ONEIDA JUDICIARY
TRIAL COURT**

_____,
Petitioner(s)

Case No: _____

v.

_____,
Respondent(s)

SUMMONS

To the person named above as Respondent:

Complaint was filed and is attached to this summons.

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

Date: _____

Time: _____

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

AFFIDAVIT OF SERVICE

Case No. _____

Petitioner

v.

Respondent

I, _____, swear that on _____, I personally served
Date

the Civil 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.

Oneida Trial Court
P.O. Box 19
Oneida, WI 54155
(920) 496-7200

ONEIDA JUDICIARY
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TRIAL COURT

_____,
Petitioner(s)

Case No: _____

v.

_____,
Respondent(s)

CONSENT TO ELECTRONIC SERVICE

I am the Petitioner Respondent . I consent to receiving documents by electronic means.

I consent to receiving documents by (check all that apply):

Email at the following address: _____

Fax at the following number: _____

Other: _____

Signature

Printed

Date