



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

**INSTRUCTION FOR FILING A RESPONSE TO A
GARNISHMENT**

Court Address
P.O.Box 649, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228
(541) 444-8270 Fax

IMPORTANT!

Fill out the Information sheet **AND** the blank Response Form before returning the documents to Tribal Court.

Instruction for filing a Response to a Writ of Garnishment in Tribal Court

GARNISHMENT RESPONSE FORM

The person/agency filing is the Petitioner. The person/agency being filed against is the Respondent.

The Garnishment Ordinance can be found at www.ctsi.nsn.us or you may contact the Tribal Court office and request a copy.

You must bring or send documentation to this Court to support your response and why your request for a hearing should be granted.

If you have any questions, please contact Tribal Court at (541) 444-8228 or 1-800-922-1399 ext. 1228.

Mail, fax or bring in person, your Formal Written Answer to Siletz Tribal Court:

Mail: Siletz Tribal Court, P.O. Box 549, Siletz, OR 97380

Fax: (541) 444-8270

Physical address: 201 SE Swan Ave., Siletz, Oregon



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

COURT INFORMATION SHEET

Court Address
P.O.Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228

Name: _____
Last Middle Initial First

Telephone Number (_____) _____

Address: _____

Mailing Address (if different than above) _____

Please check all statements that apply to you:

- I would like to file a Response and request for a hearing on a garnishment filed in the Siletz Tribal Court against me.
- I would like to file a Response on behalf of Respondent. (Contact Tribal Court for instructions for spokesperson qualifications)

What is the name & address of the person/agency that filed a Petition for Garnishment against you?

- I am a member of the Confederated Tribes of Siletz Indians of Oregon.
- I am not a member of the Confederated Tribes of Siletz Indians of Oregon, and hereby voluntarily submit to the jurisdiction of the Siletz Tribal Court
- I am admitted to the Siletz Tribal Bar. (Yes or No) If you are not admitted, and you are filing on behalf of someone, please contact the Tribal Court to get instructions on qualifications to be a spokesperson.

I declare that the above statements are true and made in good faith.

Applicant

Date ___/___/___



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

**RESPONSE TO
GARNISHMENT**

**CASE NO.
FIN**

Court Address
P.O.Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228
(541) 444-8270 Fax

Petitioner name, address, and telephone no.

Respondent name, address, and telephone no.

V.

IN THE MATTER OF _____

Multiple horizontal lines for text entry.

_____ Date

_____ Signature



**TRIBAL COURT OF THE
CONFEDERATED TRIBES
OF SILETZ INDIANS OF
OREGON**

ITEMIZED INFORMATION SHEET

Court Address
P.O.Box 549, Siletz, OR 97380
201 SE Swan Ave. Siletz, OR 97380

Court telephone no.
(800) 922-1399
(541) 444-8228

ITEMIZED LIST OF EXPENSES/ATTACH DOCUMENTATION

Itemized list of bills for submission to Court for consideration by Court on Garnishment Hearings

Note: For each line item, you must bring to Court, a copy documenting such, or it cannot be considered. Food and Gas may be estimated.

- 1. Rent/Home payment _____
- 2. Property tax (estimate monthly payment) _____
- 3. Home Insurance _____
- 4. Home maintenance _____
- 5. Monthly installment payments on furniture, etc. _____
- 6. Utility bills: (electric, water, garbage, cable, phone) _____
- 7. Car payment _____
- 8. Car insurance _____
- 9. Car maintenance (repairs, gas, oil) _____
- 10. Health Insurance _____
- 11. Medication _____
- 12. Doctor bills not covered by insurance _____
- 13. Veterinary bills _____
- 14. Animal food and care expense _____
- 15. Day Care Cost _____
- 16. Monthly Family Food Cost (estimate) _____
- 17. Personal loans (must include documentation) _____

Note: If you have any other outgoing bills that have not been listed here, add them to this list along with documentation and the Judge will take them into consideration. It is important to list these expenses on paper to bring to Court or submit them to the Tribal Court Clerk before your hearing date to save you and the Court time on the day of your hearing.

SUMMARY OF EXPENSES/INCOME

Total Household Expenses: _____
Total Gross Income: _____
Net Income: _____
Rate of Pay: _____

Document check off list:

- 1. Copy of current pay stub
- 2. Copies of all documents for proof of expenses

(If the court clerk is required to make copies, there is a charge of 25 cents per sheet of paper.)