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Description automatically generated

Mashpee Wampanoag Tribal Court

483 Great Neck Rd. South

P.O Box 480, Mashpee, MA 02649

Phone (508) 477-0208 Fax (774)361-6032

DOCKET NUMBER: {{ docket\_number }}

Plaintiff: Defendant:

{{ users[0].name}} {{ defendants[0].name}}

Is the action against the Mashpee Wampanoag?

{{ “yes” if is\_against\_mashpee else “no” }}

If so, which Department: {{ trial\_court.department if is\_against\_mashpee else “” }}

Complaint:

{{ summary\_of\_case }}

BASIS Tribal Court Jurisdiction:

{{ case\_jurisdiction }}

Tribal Law or Constitutional Law Violated:

{{ law\_violation }}

Relief You Are Seeking:

{{ relief\_description }}

I swear or affirm by signing below that I have read this complaint and that to the best of my knowledge, the facts stated are true and correct. I Understand that it is my responsibility to provide a copy of this Complaint to each and every Defendant. I must provide proof to the Tribal Court that this complaint has been served before the action can proceed

Print Name: {{ users[0].name }}

{{ users[0].signature}}

Signed Name

Date: {{signature\_date }}

Address: {{ users[0].address.block }}

Phone Number: {{ users[0].phone\_number }}