

**GRAND TRAVERSE BAND OF  
OTTAWA AND CHIPPEWA  
INDIANS TRIBAL COURT**

**AFFIDAVIT AND  
CLAIM  
Small Claims**

**CASE NO.**

2605 N. West Bay Shore Drive, Peshawbestown, MI 49682 • (231)534-7050 • TribalCourt@gtb-nsn.gov • (231)534-7051 fax

See additional notice and instructions on page 2.

1. \_\_\_\_\_  
Plaintiff  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.
2. \_\_\_\_\_  
Defendant  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, state, zip Telephone no.

NOTICE OF HEARING	
For Court Use Only	
The plaintiff and the defendant must be in court on	
Day	Date
at _____ at _____	the court address above.
Time	<input type="checkbox"/>
<input type="checkbox"/> Location	_____
Process server's name	Fee paid: \$ _____

3. A civil action between these parties or other parties arising out of the transaction or occurrence alleged in this complaint has been previously filed in  this court  \_\_\_\_\_ Court.  
It was given case number \_\_\_\_\_ and assigned to Judge \_\_\_\_\_.  
The action  remains  is no longer pending.
4. I have knowledge or belief about all the facts stated in this affidavit and I am  the plaintiff or his/her guardian, conservator, or next friend.  a partner.  a full-time employee of the plaintiff.
5. The plaintiff is  an individual.  a partnership.  a corporation.  a sole proprietor.  \_\_\_\_\_.
6. The defendant is  an individual.  a partnership.  a corporation.  a sole proprietor.  \_\_\_\_\_.
7. The date(s) the claim arose is/are \_\_\_\_\_.  
Attach separate sheets if necessary.
8. The amount of money claimed is \$ \_\_\_\_\_, (Note: Plaintiff's costs are determined by the court and awarded as appropriate. They are not part of the amount claimed.)
9. The reasons for the claim are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. The plaintiff understands and accepts that the claim is limited to \$7,000 by law and that the plaintiff gives up the rights to (a) recover more than this limit, (b) an attorney, (c) a jury trial, and (d) appeal the judge's decision.

11. I believe the defendant  is  is not mentally competent. I believe the defendant  is  is not 18 years or older.

12.  I do not know whether the defendant is in the military service. The  The defendant is not in the military service.  defendant is in the military service.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me on \_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy clerk/Notary public signature

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Name (type or print)

Notary public, State of Michigan, County of \_\_\_\_\_  Acting in the County of \_\_\_\_\_.

This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

**ADDITIONAL NOTICE AND INSTRUCTIONS**

**TO BOTH THE PLAINTIFF AND THE DEFENDANT:**

- You must bring to the hearing all witnesses, books, papers, and other physical evidence needed to prove or disprove this claim.
- Before the trial (hearing) starts, you have the right to
  1. **remove the case to the general civil division of the district court, or**
  2. have the case heard by a district court judge (if the hearing is scheduled before an attorney magistrate). If the case is heard by an attorney magistrate, you may appeal to the district judge within 7 days after the trial.
- If the case is tried in the small claims division, you give up the right to an attorney, to a jury trial, and to appeal the judge’s decision.

If you require accommodation to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

**TO THE DEFENDANT:**

- The affidavit and claim you have just received means you are being sued in the small claims division of the district court.
- The court is being asked to decide a matter that the plaintiff says is your obligation and responsibility.
- If you wish to deny this claim or arrange terms of payment, you must make your request by appearing at the date, time, and place stated in the notice of hearing on the front of this form.
- If you do not appear at the date, time, and place stated, a default judgment may be entered against you for the amount stated in item 8, including the costs of this action.
- If the dispute is settled before or at the hearing, you may have to pay the plaintiff’s costs.
- In case a judgment is entered against you at the hearing, you should be prepared to pay the amount stated in item 8, including the costs of this action, or to make arrangements for installment payments.

**PROOF OF SERVICE**

**TO PROCESS SERVER:** You must serve the affidavit and claim no later than 7 days before the hearing date and file proof of service with the court clerk. If you are unable to complete service, you must return the original and all copies to the court clerk.

**CERTIFICATE OF SERVICE / NONSERVICE**

I served  personally  by registered or certified mail, return receipt requested, and delivery restricted to the defendant or the defendant's agent (copy of return receipt attached) \_\_\_\_\_ a copy of the affidavit and claim, together with the attachments listed below, on:

I have attempted to serve a copy of the affidavit and claim, together with the attachments listed below, and have been unable to complete service on:

Name	Date and time of service
Place or address of service	
Attachments (if any)	

I am a sheriff, deputy sheriff, bailiff, appointed court officer or attorney for a party.

I am a legally competent adult who is not a party or an officer of a corporate party. I declare under the penalties of perjury that this certificate of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	\$

Signature \_\_\_\_\_

Name (type or print) \_\_\_\_\_

**ACKNOWLEDGMENT OF SERVICE**

I acknowledge that I have received service of a copy of the affidavit and claim, together with

\_\_\_\_\_ on \_\_\_\_\_  
 Attachments (if any) \_\_\_\_\_ Date and time

\_\_\_\_\_ on behalf of \_\_\_\_\_  
 Signature

\_\_\_\_\_ Name (type or print)

# **HOW TO GET A MONEY JUDGMENT IN SMALL CLAIMS COURT**

## **Form DC 84**

### **AFFIDAVIT AND CLAIM, SMALL CLAIMS**

Use this form if you want to bring a lawsuit against someone who owes you money or who has caused damage to your property, or possessions and you cannot resolve the dispute through mediation or other means. If your damage is the result of an intentional wrongdoing, such as fraud, libel, slander, malicious destruction of property, or assault and battery, you cannot bring your action in the small claims division of the district court unless the wrongdoing is for a dishonored check, consumer protection violation, or recreational trespass.

You cannot use the small claims division of the district court if:

- 1) your case is against the State of Michigan or a state agency,
- 2) your case is against a local governmental until that involves issues of governmental immunity,
- 3) you are an assignee or third-party beneficiary of the obligation, or
- 4) you have filed more than five small claims cases in the same week.

The maximum you can collect through a judgment in the small claims division of the district court is \$7,000.00. If your claim is for more than \$7,000, you can still use the small claims division, but your judgment award cannot exceed \$7,000 and you permanently waive the right to collect the rest of your claim.