

ADVOCATE, ATTORNEY, OR PARTY WITHOUT ATTORNEY		
(Name, Tribal/State Bar Number, and address):	Case Number:	
	Case Type:	Appeal
77. 1 . 1 . N		
Telephone No.:		
E-mail Address:		
Attorney/Advocate for:	-	
YUROK TRIBAL COURT		
PO Box 1027/230 Klamath Blvd.		
Klamath, CA 95548		
Phone: (707) 482-1350 / Fax: (707) 482-0105		
Email: CourtClerk@yuroktribe.nsn.us		
Appellant:		
(Person filing appeal)		
Appellee:		
(other party to case)	FOR TRIBAL (COURT USE ONLY
RESPONSE BRIEF		

1. APPELLEE: responds to the appeal as follows: (State whether you think the facts are correct, the reasons that the law as applied to your case is a correct application, and that the cultural direction given as a rule of action or conduct was applied correctly in your case.

Specify)

Yurok Tribal Court RESPONSE BRIEF Page 1 of 2 Rev. 08/18

APPELLANT:	CASE NUMBER:
APPELLEE:	
OTHER PARTY:	
	☐ Continued in Attachment.
	Number of Pages Attached:
I declare under penalty of perjury under Yurok law that the	above is true and correct to the best
of my knowledge.	
DATE:	
DATE.	
(TYPE OR PRINT NAME)	(SIGNATURE OF APPELLEE)

NOTICE: The *Responding Brief* and all other pleadings must be served on all parties, and must be served on the Office of the Tribal Attorney, if the Tribe is not already a party to the appeal. A *Proof of Service*, signed by someone that is not a party of the case, must be filed with the Clerk's Office. Failure to serve the parties and/or the Tribal Attorney may result in a dismissal of the appeal pursuant to Yurok Rules of Appellate Procedure §2.15.030(e).