ADVOCATE, ATTORNEY, OR PARTY WITHOUT ATTORNEY (Name, Tribal/State Bar Number, and address):	Case Number:		
	Case Type: APPEAL		
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		
CLOSING BRIEF			

______, APPELLANT, responds to the Appellee's Response Brief as follows: (Be specific in stating why your appeal should be granted even though the Appellee made statements in the Response Brief):

APPELLANT: APPELLEE: OTHER PARTY:		CASE NUMBER:		
OTHER PART I.				
I affirm that everythin knowledge and ability	ng stated in this brief is tru /.	ue and correct to	the best of my	
DATE:				
(TYPE OR PRINT NA	AME) (SIGNA	TURE OF APP	ELLANT)	
NOTICE: The <i>Notice of Appeal</i> 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 <i>Proof of Service</i> , 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).				
☐ Check if there are additional pages. Total number of pages attached:				

Yurok Tribal Court Rev. 02/2024