

IN THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA TRIBAL COURT
Meskwaki Settlement
307 Meskwaki Road
Tama, Iowa 52339-9629

_____ Case No. _____

_____ Petitioner

**RESPONDENT'S ANSWER TO
PETITION FOR RECOGNITION
AND ENFORCEMENT OF
FOREIGN JUDGMENT**

VS.

_____ Respondent

1. I, _____, am the RESPONDENT in this case.
2. My phone number is _____.
3. My mailing address is _____. The physical address where I reside is _____.

My residence is on the Meskwaki Settlement.
 not on the Meskwaki Settlement.

4. **ANSWER.** Check the Answer that Applies Below:

The **RESPONDENT AGREES** that the Petitioner is entitled to recognition and enforcement of the foreign judgment as demanded in the Petition.

If you agree that the Petitioner is entitled to recognition and enforcement of the foreign judgment, please read the paragraphs below and check the box if either applies.

I agree that the Court may enter a judgment accordingly. I understand that the Court may order that the judgment amount owed may be withheld from my employment check if I am a tribal employee or, if I am an enrolled member of the Sac and Fox Tribe of the Mississippi in Iowa, from any tribal distribution monies, such as per capita payments.

I agree that the Court may enter a judgment accordingly; however, I would like to have a hearing to discuss the amount owed, or to discuss the amount that may be withheld from my employment check if I am a tribal

3. I Do Do Not request an oral hearing in front of the judge on this motion.

4. Does the other party consent to this Motion? Yes No

5. **I understand that this form is a generic tool provided to me as a guideline only**, and may be modified by me to serve my purposes. By accepting this blank form I am also acknowledging it is not legal advice, and I have read the following statement issued by the Court: *“This form is intended only to guide you in presenting your issues and arguments to the Court. This form should not be used as a substitute for the advice of competent legal counsel. This form may not be appropriate for your particular needs or issues.”*

6. I have mailed or will mail a copy of this document on (date) _____ to all the lawyers in the case, the plaintiff(s) and defendant(s) who do not have lawyers, and any other parties, as listed below. If additional space is needed, please attach additional sheets of paper.

Name _____	Name _____
Address _____	Address _____
_____	_____
_____	_____
_____	_____

I hereby state, under penalty of perjury, the foregoing is true.

Date

Signature of Petitioner

IF BY CONSENT:

Date

Other Party's Signature