

**INSTRUCTIONS**  
**Civil Complaint for Monies Owed**

*A Community member 18 years of age or older may file a Civil Complaint for Monies Owed in the Gila River Community Court to recover monies they believe owed to them by another person 18 years or older, or by a business operating on Community lands. The transaction must have occurred within the jurisdiction of the Gila River Indian Community Court.*

Please read the following instructions carefully.

1. Fill out the Civil Complaint for Monies Owed completely and in as much detail as possible. Sign and date it.
2. Attached copies of all supporting documents (contracts, invoices, promises to pay, etc.).
3. Fill out the Process Service Information Form.
4. There is a \$25.00 filing fee for the Complaint, and an \$8 certified mail fee for service on the Defendant by certified mail. Please pay the fee at the Court's cashier window. Payment can be made by cash, cashier's check, money order, or Visa/Mastercard. Personal checks are not accepted.
5. The Clerk of the Court will issue a Notice of Hearing for the Plaintiff; and a Civil Summons for the Defendant. Civil Hearings are scheduled 30-45 days from the date of filing the Complaint.
6. The Clerk of the Court will attempt to serve the Defendant with a Civil Summons, a copy of the Complaint, and an Answer form by certified mail. If the Court is unable to serve the Defendant by certified mail, the Clerk will submit the documents to be served by a Bailiff or other process server. Additional fees may apply (see Court's fee schedule).
7. If you have any further questions, please ask the Clerk. If the Clerk cannot answer your questions, they will direct you to a lawyer in the local area. You may also email your questions to [Court.Questions@gric.nsn.us](mailto:Court.Questions@gric.nsn.us).
8. Address & phone numbers to the Gila River Indian Community Courts:

Sacaton Court  
721 W. Seed Farm Rd.  
PO Box 368  
Sacaton, Arizona 85247  
Phone: (520) 562-9860  
Fax: (520) 562-9867

Westend Judicial Center  
Rt. 2, Box 808  
Laveen, Arizona 85339  
Phone: (520) 562-9862  
Fax: (520) 562-9869

**IN THE GILA RIVER INDIAN COMMUNITY COURT**  
**IN THE STATE OF ARIZONA**

<div style="text-align: right; margin-bottom: 10px;">_____ Plaintiff/Petitioner,</div> <div style="text-align: center; margin-bottom: 10px;">VS.</div> <div style="text-align: right;">_____ Defendant/Respondent,</div>	<div style="margin-bottom: 20px;">Case No. _____</div> <div style="text-align: center;">CIVIL COMPLAINT MONIES OWED</div>
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COMES, the Plaintiff(s)/Petitioner(s) and hereby alleges the following:

That the named Defendant(s)/Respondent(s) did \_\_\_\_\_

and that the Defendant(s)/Respondent(s) has failed to comply with the conditions as agreed upon:

Plaintiff(s)/Petitioner(s) further alleges: \_\_\_\_\_

WHEREFORE, the Plaintiff(s)/Petitioner(s) request the following: \_\_\_\_\_

RESPECTFULLY SUBMITTED, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

Copy(ies) of the foregoing

Mailed/hand delivered

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

To: \_\_\_\_\_

Plaintiff/Respondent Address: \_\_\_\_\_

Defendant/Respondent Address: \_\_\_\_\_

Plaintiff/Petitioner Counsel Address: \_\_\_\_\_

Defendant/Respondent Counsel Address \_\_\_\_\_

IN THE GILA RIVER INDIAN COMMUNITY COURT  
IN THE STATE OF ARIZONA

<p style="text-align: center;">_____ Plaintiff/Petitioner,</p> <p style="text-align: center;">Vs.</p> <p style="text-align: center;">_____ Defendant/Respondent</p>	<p>Case No.: _____</p> <p style="text-align: center;"><b>PROCESS SERVICE INFORMATION</b></p>
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THIS INFORMATION WILL BE USED TO SERVE YOUR COURT DOCUMENTS. BE AS ACCURATE AND COMPLETE AS POSSIBLE WHEN FILLING OUT THIS FORM, SO THAT PROPER AND TIMELY SERVICE OF YOUR DOCUMENT CAN BE MADE. IF YOU FAIL TO SUPPLY SUFFICIENT AND ACCURATE INFORMATION, YOUR DOCUMENTS MAY NOT BE SERVED.

**REQUIRED PLAINTIFF/PETITIONER INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_ District#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Other Information: \_\_\_\_\_

**REQUIRED DEFENDANT/RESPONDENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_ District#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Other Information: \_\_\_\_\_

FRIENDS OR RELATIVES THE DEFENDANT/RESPONDENT MAY BE STAYING WITH OR  
WOULD KNOW OF THEIR WHEREABOUTS

NAME	ADDRESS	PHONE	RELATIONSHIP

IF YOU ARE UNABLE TO PROVIDE A WRITTEN PHYSICAL ADDRESS,  
PLEASE DRAW A MAP IN THE BOX ON THE ATTACHED SHEET.

# MAP

Include street names and landmarks.

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Directions and Building Description:

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