

**IN THE TRIBAL COURT OF THE  
PRAIRIE ISLAND INDIAN COMMUNITY**

**STATE OF MINNESOTA**

<p style="text-align: center;"><i>In Re the Matter of</i></p> <p>_____ , Plaintiff/Petitioner(s), (circle one)</p> <p style="text-align: center;">v.</p> <p>_____ , Defendant/Respondent(s), (circle one)</p>	<p style="text-align: center;">CASE NO. _____</p> <p style="text-align: center;"><b>CERTIFICATE OF REPRESENTATION</b></p>
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At the time the case is filed, this form must be completed and filed with the Clerk of Courts. The Clerk shall, upon receipt of the completed certificate, notify all parties or their lawyers of the date of filing the action and the file number assigned.

- The above-named Plaintiff/Petitioner and/or Defendant/Respondent in this civil proceeding before the Tribal Court is representing themselves or “pro se.”
- The above-named Plaintiff/Petitioner and/or Defendant/Respondent in this civil proceeding before the Tribal Court is represented by the following enrolled member of the Prairie Island Indian Community:

REPRESENTATIVE FOR  
PLAINTIFF/PETITIONER(S)

REPRESENTATIVE FOR  
DEFENDANT/RESPONDENT(S)

\_\_\_\_\_  
(name of party)

\_\_\_\_\_  
(name of party)

\_\_\_\_\_  
(representative name)

\_\_\_\_\_  
(representative name)

\_\_\_\_\_  
(enrollment no.)

\_\_\_\_\_  
(enrollment no.)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(telephone number) (telephone number)

- The above-named Plaintiff/Petitioner and/or Defendant/Respondent in this civil proceeding before the Tribal Court is represented by the following professional attorney who is licensed to practice law before the Tribal Court pursuant to \_\_\_\_\_:

LAWYER FOR  
PLAINTIFF/PETITIONER(S)

LAWYER FOR  
DEFENDANT/RESPONDENT(S)

\_\_\_\_\_  
(name of party)

\_\_\_\_\_  
(name of party)

\_\_\_\_\_  
(attorney(s) name-not firm name)

\_\_\_\_\_  
(attorney(s) name-not firm name)

\_\_\_\_\_  
(firm name)

\_\_\_\_\_  
(firm name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(telephone number)

\_\_\_\_\_  
(telephone number)

\_\_\_\_\_  
(Atty ID No. and State)

\_\_\_\_\_  
(Atty ID No. and State)

\_\_\_\_\_  
(date)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public