

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

Petitioner/
Plaintiff:
Address: _____

-VS-
Respondent/
Defendant:
Address: _____

Amended

**Motion for Discretionary Transfer
of Civil Action to Tribal Court**

Case No. _____

UNDER OATH I STATE:

1. I am: (Check all that apply)
 - a. a member of the _____ Tribe. I reside in _____ County, WI.
 - b. currently residing on _____ reservation.
 - c. a non-tribal member residing in _____ County, WI.

2. I believe that the _____ Tribal Court and/or tribal judicial system has concurrent jurisdiction in this matter.

3. I am requesting a transfer because: _____.

4. The reason(s) to transfer this case to the tribal court include: (Check all that apply)
 - a. issues in the action require interpretation of the tribe's laws, including the tribe's constitution, statutes, bylaws, or ordinances, resolutions, or case law.
 - b. the action involves traditional or cultural matters of the tribe.
 - c. the action is one in which the tribe is a party, or tribal sovereignty, jurisdiction, or territory is an issue in the action.
 - d. tribal membership status of the parties.
 - e. where the claim arises.
 - f. the parties have by contract chosen a forum or the law to be applied in the event of a dispute.
 - g. timing of any motion to transfer, taking into account the parties' and the court's expenditure of time and resources, and compliance with any applicable provisions of the circuit court's scheduling orders.
 - h. the court in which the action can be decided most expeditiously.
 - i. the institutional and administrative interests of each court.
 - j. the relative burdens on the parties, including cost, access to and admissibility of evidence, and matters of process, practice and procedure, including where the action will be heard and decided most promptly.
 - k. and other factors having substantial bearing upon the selection of a convenient, reasonable and fair place of trial.
 - l. Other: [Please explain] _____

Name of Attorney	
Address	
Email Address	
Telephone Number	Bar Number

Signature

Name Printed or Typed

Address

Email Address

Telephone Number

Date