



**San Manuel Tribal Court**  
San Manuel Indian Reservation  
3214 Victoria Avenue  
Highland, CA 92346  
Phone: (909) 907-6920

**PETITION FOR REVIEW**  
**Petitioner Request for Review of a Decision of the**  
**San Manuel Band of Mission Indians Claims Administrator**

1. Petitioner Name and Title/Petitioner Attorney Name and Title:	
2. Petitioner Address:	
3. Petitioner Telephone Number:	Petitioner Email Address:
4. Agency Name: San Manuel Band of Mission Indians Claims Administrator	5. Date of Claims Administrator's Decision or Deemed Denial:
6. Statement of Trial Court's Jurisdiction: This Request for Review is being filed pursuant to the jurisdiction of the San Manuel Tribal Court to resolve disputes regarding decisions of the San Manuel Claims Administrator as set forth in <b>1)</b> Section 12.5(b) of the Tribal-State Gaming Compact between the State of California and the San Manuel Band of Mission Indians, effective April 10, 2017, as amended; and <b>2)</b> the San Manuel Gaming Facility Tort Liability Act, San Manuel Tribal Code Chapter 15.	
7. Describe the Claims Administrator's Decision (or attach a printed copy to this form) Please include a concise statement of the Claims Administrator's decision; include copy of letter from the Claims Administrator, if available:	
8. Describe the Relief You are Seeking from the Tribal Court Please include the nature of the relief being sought:	
9. Describe the Reasons You are Requesting Review of the Claims Administrator's Decision:	

I declare under the laws of the San Manuel Band of Mission Indians that the foregoing is true and correct.

\_\_\_\_\_  
Petitioner's Signature/Petitioner Attorney Signature

\_\_\_\_\_  
Date

Pursuant to the San Manuel Rules of Civil Procedure and the San Manuel Rules of Court, Petitioner must file a copy of this Request for Review with the San Manuel Tribal Court and the San Manuel Claims Administrator. The addresses for filing are noted below:

**San Manuel Tribal Court**

3214 Victoria Avenue

Highland, CA 92346

**San Manuel Band of Mission Indians Claims Administrator  
Tribal First**

P.O. Box 609015

San Diego, CA 92160

**MUST SEND COPIES TO THE ADDRESSES LISTED ABOVE**