



**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 Yuhaaviatam of San Manuel Nation Indians**  
**Claims Administrator**

1. Petitioner Name and Title/Petitioner Attorney Name and Title:		Do you need an interpreter for court proceedings? <input type="checkbox"/> YES <input type="checkbox"/> NO  Preferred Language: _____
2. Petitioner Address:		
3. Petitioner Telephone Number:	Petitioner Email Address:	
4. Agency Name: Yuhaaviatam of San Manuel Nation 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 Yuhaaviatam of San Manuel Nation 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 Yuhaaviatam of San Manuel Nation, effective April 10, 2017, as amended; and <b>2)</b> the San Manuel Gaming Facility Tort Liability Act, Yuhaaviatam Nation 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 Yuhaaviatam of San Manuel Nation that the foregoing is true and correct.

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

\_\_\_\_\_  
Date

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

**San Manuel Tribal Court**

3214 Victoria Avenue  
Highland, CA 92346

**Yuhaaviatam of San Manuel Nation Claims Administrator  
Tribal First**

P.O. Box 609015  
San Diego, CA 92160

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

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