| ATTORNEY OR PARTY WITHOUT ATTORN                                                                                                    | NEY: AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BCI/BAR NO/STATE B   | AR NO:      |            | FOR                   | COURT USE ONLY            |             |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------|------------|-----------------------|---------------------------|-------------|
| NAME:                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |             |            |                       |                           |             |
| FIRM NAME:                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |             |            |                       |                           |             |
| STREET ADDRESS:                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |             |            |                       |                           |             |
| CITY:<br>TELEPHONE NO.:                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATE:<br>FAX NO.:   | ZIP CODE:   |            |                       |                           |             |
| E-MAIL ADDRESS:                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FAX NO               |             |            |                       |                           |             |
| ATTORNEY FOR (name):                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |             |            |                       |                           |             |
| AGUA CALIENTE BAND OF CA                                                                                                            | LIIII I A INDIANS TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IRAL COLIDT          |             |            |                       |                           |             |
| STREET ADDRESS: 980 E. Tahqu                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IDAL COOK!           |             |            |                       |                           |             |
| ·                                                                                                                                   | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |             |            |                       |                           |             |
| CITY AND ZIP CODE: Palm Springs                                                                                                     | , California 92262                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |             |            |                       |                           |             |
| Plaintiff/Petitioner:                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |             |            |                       |                           |             |
| Defendant/Respondent:                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |             |            | CACE NUMBER           |                           |             |
| REQUEST FOR (Application)                                                                                                           | Entry of Default Court Judgmer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |             |            | CASE NUMBER:          |                           |             |
| (търгиозияти)                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |             |            |                       |                           |             |
|                                                                                                                                     | omplaint or cross-condition of cross-condition of conditions and conditions are seen as the condition of conditions are seen as the condition of conditions are seen as the conditions | gainst defendan      | t (names):  |            |                       |                           |             |
| 2. Judgment to be entered a. Demand of complaint b. Statement of damages (1) Special (2) General c. Interest d. Costs (see reverse) | \$ *\$\$\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>Amount</u>        | \$ \$ \$ \$ | Credits ac |                       | Balance<br>\$<br>\$<br>\$ |             |
| e. Attorney fees                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | \$          |            |                       | \$                        |             |
| f. Statutory fees                                                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | \$          |            |                       | \$                        |             |
| g. TOTALS                                                                                                                           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | aint at the contract | \$          |            |                       | \$                        |             |
| h. <b>Daily damages</b> were o                                                                                                      | iernanded in compl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | aint at the rate o   | ונ: ֆ       |            |                       |                           |             |
| 3. Check if filed in an o                                                                                                           | unlawful detainer ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ase)                 |             |            |                       |                           |             |
| ( <del>p</del> = 2 - 2                                                                                                              | DOINT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             | (0)(0)(47) | E OF DIAINTIES OF THE | TODNEY FOR SI AINTES      |             |
|                                                                                                                                     | R PRINT NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | (1, ( )     | (SIGNATUR  | E OF PLAINTIFF OR ATT | ORNEY FOR PLAINTIFF)      |             |
| FOR COURT (1) USE ONLY (2)                                                                                                          | Default entered as<br>Default NOT enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |             | 1):        |                       |                           |             |
|                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Clerk, by            | -           | -<br>      |                       | , Deputy                  | Page 1 of 3 |

| _    | Plaintiff/Petitioner: Defendant/Respondent: |            |                                                                                                                                                                                   |                                |        | CASE NUMBER:       |                                             |  |
|------|---------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------|--------------------|---------------------------------------------|--|
| De   | etenda                                      | ant/Resp   | oondent:                                                                                                                                                                          |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
| 4.   | Dec                                         | laration   | of mailing. A copy of the                                                                                                                                                         | his Request for Entry of Def   | ault v | vas                |                                             |  |
|      | a.                                          | no         | t mailed to the following                                                                                                                                                         | defendants, whose address      | ses a  | re unknown to pla  | aintiff or plaintiff's attorney (names):    |  |
| b.   |                                             |            | <b>mailed</b> first-class, postage prepaid, in a sealed envelope addressed to each defendant's attorney of record or, if none, to each defendant's last known address as follows: |                                |        |                    |                                             |  |
|      | (                                           | 1) Ma      | illed on <i>(date):</i>                                                                                                                                                           |                                | (2)    | To (specify name   | es and addresses shown on the envelopes):   |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             | -          |                                                                                                                                                                                   | he laws of the Agua Calient    | e Baı  | nd of Cahuilla Ind | lians that the foregoing items 4, and 5     |  |
| are  | true a                                      | and corr   | rect. Date:                                                                                                                                                                       |                                |        |                    |                                             |  |
|      |                                             |            | (TYPE OR PRINT NAME)                                                                                                                                                              |                                |        |                    | (SIGNATURE OF DECLARANT)                    |  |
|      | Man                                         |            |                                                                                                                                                                                   |                                |        | .t diab            | , ,                                         |  |
| 5.   | wen                                         | norandi    | im of costs (required if i                                                                                                                                                        | money judgment requested)      | . Cos  | sis and dispursen  | nents are as follows                        |  |
|      | a. C                                        | Clerk's fi | ling fees                                                                                                                                                                         | \$                             |        |                    |                                             |  |
|      |                                             |            | server's fees                                                                                                                                                                     | \$                             |        |                    |                                             |  |
|      |                                             | Other (sp  | pecify):                                                                                                                                                                          | \$                             |        |                    |                                             |  |
|      | d.                                          |            |                                                                                                                                                                                   | \$                             |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      | f. L                                        |            | sts and disbursements a                                                                                                                                                           |                                | tha h  | east of my knowla  | dae and belief this memorandum of costs is  |  |
|      |                                             |            |                                                                                                                                                                                   | essarily incurred in this case |        | est of my knowle   | edge and belief this memorandum of costs is |  |
| l de | eclare                                      | under p    | penalty of perjury under the                                                                                                                                                      | he laws of the Agua Calient    | e Baı  | nd of Cahuilla Ind | ians that the foregoing item                |  |
| s t  | rue ar                                      | nd corre   | ct. Date:                                                                                                                                                                         |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            |                                                                                                                                                                                   |                                |        |                    |                                             |  |
|      |                                             |            | (TYPE OR PRINT NAME)                                                                                                                                                              |                                |        | <u> </u>           | (SIGNATURE OF DECLARANT)                    |  |

| Plaintiff/Petitioner:                                                                                                                                                                                                                                                                                                                                                                                                    | CASE NUMBER:                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Defendant/Respondent:                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       |
| 6. Declaration of nonmilitary status (required for a judgment).  No defendant/respondent named in item 1c is in the military service of the Civil Relief Act (see 50 U.S.C. § 3911(2)) or California Military and Vete  I know that no defendant/respondent named in item 1c is in the U.S. military and the search results that I received from <a href="https://scra.dmdc.osd.n.gov/">https://scra.dmdc.osd.n.gov/</a> | rans Code sections 400 and 402(f).  litary service because (check all that apply):                    |
| b. I am in regular communication with the defendant/respondent.  c. I recently contacted the defendant/respondent, and they told m  d. I know that the defendant/respondent was discharged from U.S.  e. the defendant/respondent is not eligible to serve in the U.S. m  incarcerated a business entity                                                                                                                 | ne that they are not in the U.S. military service. S. military service on or about <i>(date):</i>     |
| f. other (specify):                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |
| U.S. military status can be checked online at <a href="https://scra.dmdc">https://scra.dmdc</a> If the defendant/respondent is in the military service, or their m is entitled to certain rights and protections under federal and states.     For more information, see <a href="https://selfhelp.courts.ca.gov/military">https://selfhelp.courts.ca.gov/military</a>                                                   | ilitary status is unknown, the defendant/respondent ate law before a default judgment can be entered. |
|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |
| declare under penalty of perjury under the laws of the Agua Caliente Band                                                                                                                                                                                                                                                                                                                                                | of Cahuilla Indians that the foregoing                                                                |
| item 6 is true and correct. Date:                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                       |
| (TYPE OR PRINT NAME)                                                                                                                                                                                                                                                                                                                                                                                                     | (SIGNATURE OF DECLARANT)                                                                              |