

Case Number _____

PETITION FOR FULL COURT HEARING DEFENDANT RESPONSE

ANY FILING OF THIS DOCUMENT MUST BE MADE NO LATER THAN FORTY-EIGHT
(48) HOURS PRIOR TO THE SCHEDULED HEARING DATE TO THE SGA CLERK OF
COURT.

Defendant: _____

Defendant's Phone Number: _____

Defendant's Student ID Number: _____

Plaintiff: _____

PETITION FOR FULL COURT HEARING DEFENDANT RESPONSE

SGA Supreme Court Complaint Rebuttal Form C-002

Case Number _____

Remedies Sought By Defendant (Please state here what you would like the Court to rule.):

AFFIRMATION

I, _____, do hereby swear that the information contained above is true and correct to the best of my knowledge.

Signature of Defendant: _____

Date Signed: _____

YOU MUST PRESENT TEN (10) COPIES OF THIS FORM TO THE SGA CLERK OF COURT AT THE TIME OF FILING.

For SGA Clerk of Court Use Only:

Date Defendant Response Received: _____

Date Notice of Rebuttal served upon Plaintiff: _____

Method of Service: _____