

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State      Zip Code

\_\_\_\_\_  
Phone Number                      Email

- Petitioner(s) (without attorney/advocate)
- Respondent(s) (without attorney/advocate)
- Attorney/Advocate for \_\_\_\_\_

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI TRIBES  
OF THE FLATHEAD RESERVATION, PABLO, MONTANA

IN RE: _____  _____  Petitioner(s)  and  Respondent(s)	Cause No. _____  <p style="text-align: center;">CERTIFICATE OF NOTICE OF EX PARTE MOTION</p>
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**NOTE:** If you need **more space** than is provided, attach additional pages and indicate the corresponding paragraph that goes with the attachment. **You must fill out the entire form.** If a section does not apply, put "N/A" (not applicable).

Pursuant to CSKT Practice Rule 13 governing "Ex Parte Matters", Petitioner Respondent provides the following **Certificate of Notice of Ex Parte** to give reasonable notice of the contents of ex parte request to the Court in the manner described below:

- I contacted either Petitioner  Respondent (if unrepresented) **or** their attorney or advocate (if represented) on \_\_\_\_\_ (date) and they OPPOSE or  DO NOT OPPOSE the Ex Parte Motion.

**--OR--**

I was NOT able to make contact Petitioner  Respondent (if unrepresented) **or** their attorney or advocate (if represented). I made the following **diligent efforts** to contact them as explained below:

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RESPECTFULLY SUBMITTED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by:

\_\_\_\_\_  
Signature of: Petitioner  Respondent  
 Attorney/Advocate for \_\_\_\_\_

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**VERIFICATION AND ACKNOWLEDGMENT**

I, \_\_\_\_\_, swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Montana on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public or other person authorized to administer oath.

My commission expires: \_\_\_\_\_

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**CERTIFICATE OF MAILING**

I, \_\_\_\_\_, do hereby certify that I mailed a true and accurate copy of the CERTIFICATE OF NOTICE to the opposing parties on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the addresses given below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature