
Name

Mailing Address

City, State Zip Code

Phone Number Email

- Petitioner (without attorney/advocate)
- Respondent (without attorney/advocate)
- Attorney/Advocate for _____

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

| | |
|--|--|
| <p>In re:</p> <p><input type="checkbox"/> In re the Marriage of:</p> <p><input type="checkbox"/> In re the Parenting concerning:</p> <p>_____ ,</p> <p>_____</p> <p>Petitioner(s)</p> <p>and</p> <p>_____</p> <p>Respondent(s)</p> | <p>Cause No. _____</p> <p style="text-align: center;">RESPONSE TO MOTION TO ADOPT</p> <p style="text-align: center;"><input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's</p> <p style="text-align: center;">PROPOSED PARENTING PLAN AS AN INTERIM PARENTING PLAN</p> |
|--|--|

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).

The relief requested in the Motion **should** **should not** be granted for the following reasons.

1. I agree with the information in the Motion.

OR

- The information in the Motion is **incorrect**. The following is the **correct** information:

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

RESPECTFULLY SUBMITTED this ____ day of _____, 20__ by:

Signature of: Petitioner Respondent

Attorney/Advocate for _____

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Petitioner Respondent) 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: _____

CERTIFICATE OF MAILING

I, _____, do hereby certify that a true and accurate copy of the **RESPONSE** was filed with the Court and simultaneously mailed to the opposing parties on this ____ day of _____, 20__, at the addresses given below.

Signature