
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

<input type="checkbox"/> In re the Marriage of: <input type="checkbox"/> In re the Parenting concerning: _____, Petitioner: _____ and Respondent: _____	Cause No. _____ <p style="text-align: center;">STIPULATION TO AMEND PARENTING PLAN</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).

The _____ (Petitioner) and _____ (Respondent) stipulate and agree to the following **Stipulation to Amend Parenting Plan**:

1. The Amended Parenting Plan is filed in this case and contain all issues resolved between the parties.
2. The parties have _____ minor child(ren):

Full Name of Child	Present Address	Date of Birth

6. We request that this **Stipulation to Amend Parenting Plan and attached Amended Parenting Plan** be entered as an Order of this Court.

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

Signature of: Petitioner Respondent
 Attorney/Advocate for _____

Signature of: Petitioner Respondent
 Attorney/Advocate for _____

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: _____

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: _____