Name				
Mailin	g Address			
City, S	State Zip Code			
Phone	Number Email			
	itioner/Plaintiff (without attorney/advocate) orney/Advocate for			
	IN THE TRIBAL COURT OF THE CONF TRIBES OF THE FLATHEAD RES			
Petitic	oner(s)/Plaintiff(s)			
and		Cause No. Affidavit of Du Proof of Service		
Respo	ondent(s)/Defendant(s)			
I,	(name), state	e under oath:		
	I am the Petitioner/Plaintiff in this case.			
2. I filed a Petition/Complaint		(r	(name of	
	Petition/Complaint).			
3.	I filed the Petition with the Clerk of the T	ribal Court on theday	of,	
	20 and the Clerk issued a Summons	on day of	, 20	
4.				
	documents as unserved because they coul	d find Respondent/Defend	dant.	
5.	After diligent search and inquiry, Respondent/Defendant cannot be personally served.			
6.	I know the address of Respondent/Defendant and gave notice of the Petition/Complaint			
	and Summons by registered or certified m	ail with return receipt req	uested at least 15 days	
	before the time set for the hearing.			

7. I have included the original return receip	I have included the original return receipt signed by Respondent/Defendant, a description			
of the documents served on Respondent/	Defendant, and a statement that a diligent search			
and inquiry was made in an effort to serve the interested person personally.				
8. Service by Registered Mail or Certified	8. Service by Registered Mail or Certified Mail Return Receipt Requested was made on			
(date) at the following address:				
T	The Proof of Service is attached.			
By checking this box, I am acknowledging I am filling in the blanks and <u>not</u> 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 da	y of, 20 by:			
Signature of: □Petitioner/Plaintiff □ Attorney/Advocate for				
	<u>D ACKNOWLEDGMENT</u> er/Plaintiff), swear/affirm under penalty of perjury hat the information provided set forth therein is true			
Signature	Date			
Subscribed and sworn to or affirmed before me day of,				
(SEAL)	Clerk of Court, Notary Public or other person authorized to administer oath.			
	My commission expires:			