Name

Mailing Address

City, State Zip Code

Phone Number

Email

Petitioner/Plaintiff (without attorney/advocate)
 Attorney/Advocate for ______

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

Petitioner(s)/Plaintiff(s) and	Cause No. AFFIDAVIT OF DUE DILIGENCE and REQUESTING SUMMONS FOR SERVICE BY PUBLICATION
Respondent(s)/Defendant(s)	

<u>NOTE</u>: 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).

I, _____(name), state under oath:

- 1. I am the Petitioner/Plaintiff in this case.
- 2. I filed a Petition/Complaint ______(name of Petition/Complaint).
- 3. I filed the Petition/Complaint with the Clerk of the Tribal Court on the _____day of _____, 20____ and the Clerk issued a Summons on _____day of _____, 20____.
- 4. The process server returned the Summons and Petition/Complaint and accompanying documents as unserved because they could find Respondent/Defendant.
- 5. Respondent/Defendant's Address: (choose one):
- □ Known or Last known address: The registered or certified mail with return receipt requested to Respondent/Defendant's last known address was returned unsigned because it

was unclaimed by Respondent/Defendant and is **<u>filed with this document</u>**.

- Address is <u>unknown</u>.
- 6. After diligence search and inquiry, Petitioner/Plaintiff has been unable to serve Respondent/Defendant in person or by mail. Respondent/Defendant cannot be found for personal service and the address of Respondent/Defendant remains unknown.
- 7. The following describes my diligent search and inquiry to serve Respondent/Defendant personally and by mail:

- 8. Respondent/Defendant is a necessary and proper party to this case.
- 9. I understand that I must arrange and pay for the costs of publication, and that the first publication must happen within 40 days after I file this Request.
- 10. I understand that service by publication pursuant to **CSKT Practice Rule 9(3)** only applies to the following actions: dissolution, child custody, child support, name change, eviction, or civil suit brought by the Tribes or a Tribal organization for the collection of an established debt.
- 11. I understand that **CSKT Practice Rule 9(3)(a)** requires that I complete service by publication in a newspaper published in two (2) consecutive issues of the CSKT Tribal newspaper and in at least one other newspaper published within the exterior boundaries of the Flathead Reservation at least once each week for three (3) consecutive weeks with the last date of the publication being at least 15 days before the date of the hearing. This notice will enable Respondent/Defendant to respond prior to the scheduled hearing and must comply with the Court's Summons for Service by Publication.
- 12. I understand that I must file a **Proof of Service by Publication [TCF 0029]** with the Court.
- 13. For these reasons, I request a **Summons for Service by Publication [TCF 0028]** to be made in the following newspapers:
 - a. Char-Koosta Newspaper on the Flathead Indian Reservation.

- b. *(name of newspaper)*, in _____, in _____, county, MT.
- 14. I understand that when service by publication is complete that I must file a copy of each publication of service, certified by the publisher as to date and accuracy of publication with the Clerk of Court.
- 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 _____ day of _____, 20___ by:

Signature of: DPetitioner/Plaintiff
D Attorney/Advocate for ______

VERIFICATION AND ACKNOWLEDGMENT

I, _____(Petitioner/Plaintiff) 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: _____