
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 _____ Respondent(s)/Defendant(s)	Cause No. _____ AFFIDAVIT REGARDING DUE DILIGENCE AND PROOF OF PUBLICATION
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The following persons have been given notice by publication of the hearing on _____ (title of pleading), because the addresses or identities of such Respondent/Defendant are not known and cannot be determined despite diligent efforts described in Petitioner/Plaintiff's Request for Order for Service by Publication.

1. Publication of the Notice of Hearing by Publication was made on _____ (date) in the Char-Koosta Newspaper once a week for two (2) consecutive issues with the last date of the publication being at least 15 days before the date of the hearing to enable the Respondent/Defendant to respond prior to the scheduled hearing, if any.
2. Publication of Notice of Hearing by Publication was made on _____ (date) in the _____ Newspaper published 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 to enable the Respondent/Defendant to respond prior to the scheduled hearing, if any.
3. The Proof of Publication for each newspaper is attached.

4. These notices comply with CSKT Practice Rule 9(3).

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- 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/Plaintiff
 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: _____