
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 the Marriage of:</p> <p>Petitioner: _____</p> <p>and</p> <p>Respondent: _____</p> <p>_____</p>	<p>Cause No. _____</p> <p style="text-align: center;">PETITION FOR DISSOLUTION OF MARRIAGE</p> <p><input type="checkbox"/> Children are NOT part of this action</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).

1. This Petition is for Dissolution of Marriage and is filed pursuant to CSKT Laws Codified, § 3-1-104.
2. The grounds for divorce are that the parties are incompatible.
3. **Information about Petitioner:** Check if in Military

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Apt. No. _____

Physical Address: _____

Primary Phone No. _____

Length of Residence on Flathead Reservation: _____ (Years/Months)

Dates: _____

Petitioner is is not an enrolled member of a federally recognized tribe.

Tribal Affiliation: _____ Enrollment Number: _____

4. Information about Respondent: Check if in Military

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Apt. No. _____

Physical Address: _____

Primary Phone No. _____

Length of Residence on Flathead Reservation: _____ (Years/Months)

Dates: _____

Respondent is is not an enrolled member of a federally recognized tribe.

Tribal Affiliation: _____ Enrollment Number: _____

5. Marriage: (Select One)

Date of the Marriage: _____ Place of Marriage: _____

We were married at common law as of _____ (date). We assumed a martial relationship by mutual consent and agreement. We confirmed our marriage by living together and by public knowledge.

We filed a declaration of marriage on _____ (date) in _____ Tribal Court or County, State of _____.

6. **Separation.** Date the parties separated: _____ (if applicable).

7. **Pregnancy.** A party to the marriage is presently expecting a child not presently expecting a child.

8. **Each party has a continuing duty to inform the Court of any proceeding in this or any other state/tribal court that could affect the current proceeding.**

9. **I/We understand that the Court may review any case involving Petitioner and Respondent named in this Petition that have been filed in any Court.**

10. **Other Court Cases.** I/We know of the following proceeding(s) that could affect the current proceeding including, but not limited to proceedings for Dissolution of Marriage, Legal Separation, enforcement of Court orders, domestic violence or domestic abuse, protection/restraining orders. Identify name of court, case number, state, date and type of proceeding.

Name of Court or Agency	Case Number	Jurisdiction	Date of Proceeding	Type of Proceeding

11. **Sworn Financial Statement.** Each party is required to file their own Sworn Financial Statement [TCF 0020] with the Court and provide true and complete information to the Court about their assets, debts, and income in their Sworn Financial Statement. You can be held in contempt for providing false information. In addition, your case can be reopened due to fraud. *See* the **Instructions for Petition of Dissolution of Marriage (No Children)** [TCF 0036] for instructions and deadlines for submission.

12. **Relief.** I/We ask that the Court enter orders regarding the

- status of the marriage,
- maintenance (spousal support),
- division of property and debts,
- attorney fees and costs, if appropriate,
- restoration of the previous name of a party
- and any other necessary orders as follows:

_____.

13. **Former Name.** Petitioner requests that the Court restore their **prior full name** to

_____.

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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 Respondent
 Attorney/Advocate for _____.

 Signature of: Petitioner Respondent
 Attorney/Advocate for _____.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Petitioner), 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, _____ (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: _____