
Name

Mailing Address

City, State Zip Code

Phone Number Email

- ☐ Petitioner/Plaintiff (without attorney/advocate)
☐ Respondent/Defendant (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. _____ VERIFIED MOTION FOR AND BRIEF IN SUPPORT |
|---|--|

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).

I am the ☐ Petitioner/Plaintiff ☐ Respondent/Defendant ☐ Other: _____ in this action.

1. I am requesting that:

2. My reasons are:

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

Signature of: ☐ Petitioner/Plaintiff

☐ Respondent/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: _____

CERTIFICATE OF MAILING

I, _____, do hereby certify that I mailed a true and accurate copy of the **MOTION** to the opposing parties on this ____ day of _____, 20__, at the addresses given below.

Signature