

\_\_\_\_\_  
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>_____<br/>Petitioner(s)/Plaintiff(s)</p> <p>and</p> <p>_____<br/>Respondent(s)/Defendant(s)</p> | <p>Cause No. _____</p> <p><b>CERTIFICATE OF SERVICE</b></p> |
|--|---|

I, \_\_\_\_\_, certify that a true and correct copy of the **following document(s)** \_\_\_\_\_ was served upon the following, by the means designated below, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**NOTE:** If you need more space than is provided, attach additional pages to the form and indicate the corresponding paragraph that goes with the attachment. Any additional pages must include signatures.

**INSTRUCTIONS:** For each Block, insert Recipient's **Name, Title, Address** and Indicate Method of Delivery.

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☐ Hand-Delivery  
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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 \_\_\_\_\_.