| Name   |                        |   |
|--|------------------------|---|
| Mailing Address  |                        |   |
| City, State Zip Code   |                        |   |
| Phone Number   | E-mail                 |   |
| ☐ Petitioner/Plaintiff (without ☐ Respondent/Defendant (with ☐ Attorney/Advocate for | hout attorney/advocate | )   |
|  |                        | FEDERATED SALISH AND KOOTENAI<br>ERVATION, PABLO, MONTANA |
| Petitioner(s)/Plaintiff(s)   |                        | Cause No  |
| and  |                        | REQUEST FOR HEARING                                       |
| Respondent(s)/Defendant(s)   |                        |   |
| COMES NOW,  respectfully request that this   |                        | (s) Respondent(s)/Defendant(s) and on the following:      |
| RESPECTFULLY SUBMIT  | TED this day           | of, 20 by:  |
|  | Signature of: Pet      | itioner/Plaintiff  Respondent/Defendant                   |

## **CERTIFICATE OF MAILING**

| Ι,  |          | by certify that I m |       |          |
|---|----------|---------------------|-------|----------|
| accurate copy of the REQUEST FOR HE                           |          |                     |       |          |
| mailed to the opposing parties on this addresses given below. | _ day of |                     | _, 20 | , at the |
|   |          |                     |       |          |
| <br>Signature   |          |                     |       |          |