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

IN RE:	
	Cause No
Petitioner(s)	VERIFIED MOTION FOR EX PARTE
and	AND BRIEF IN SUPPORT
Respondent(s)	

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 \Box Petitioner(s) \Box Respondent(s) \Box Other: ______ in this action.

1. I am requesting that:

2. My reasons are:

- 3. I understand that as the party seeking this Order that I have the burden to prove the allegations set forth in this Motion.
- 4. I understand that the Court will not consider a Motion for Ex Parte Order unless I have attached a **Certificate of Notice of Ex Parte Motion**.
- 5. I request that the Court grant the relief requested and issue a temporary or emergency order regarding this matter and set this matter for hearing for the earliest time that the matter may be heard.
- 6. I am filing the following documents with this Motion:

□Certificate of Notice of Ex Parte Motion.

Other:

RESPECTFULLY SUBMITTED this _____ day of _____, 20___ by:

Signature of: □Petitioner □ 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

NOTE: There are 2 different requirements for service depending on whether you have an ongoing case or a newly filed case. *See* Step 3 of the [TCF 0075] Instructions for Motion Ex Parte (Domestic Relations) for further explanation.