
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

<p>_____ Petitioner(s)/Plaintiff(s)</p> <p>and</p> <p>_____ Respondent(s)/Defendant(s)</p>	<p>Cause No. _____</p> <p style="text-align: center;">WAIVER & ACKNOWLEDGMENT OF SERVICE</p>
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1. I, _____ (name), declare under oath as follows:
 - a. That I am the Respondent/Defendant in this case;
 - b. That I have received and accept service of the
 - Summons;
 - Petition/Complaint (Please identify): _____
 - Other (Please identify): _____

_____ in this case.

2. This waiver of service shall not be construed as an admission by me of the truth of the allegations in the Petition/Complaint and I reserve the right to receive notices of settings and the right to respond and appear in person.

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.

VERIFICATION AND ACKNOWLEDGMENT

I, _____ (Respondent/Defendant), 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: _____