

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State      Zip Code

\_\_\_\_\_  
Phone Number                      Email

- Petitioner (without attorney/advocate)
- Attorney/Advocate for \_\_\_\_\_.

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI  
TRIBES OF THE FLATHEAD RESERVATION, PABLO, MONTANA

|   |  |
|---|--|
| <p>IN RE INTEREST OF:</p> <p>_____</p> <p>Respondent.</p> <p>UPON THE PETITION OF:</p> <p>_____</p> <p>Petitioner(s).</p> | <p>Case No: _____</p> <p style="text-align: center;"><b>REQUEST FOR HEARING ON<br/>PETITION FOR GUARDIANSHIP<br/>FOR ADULT</b></p> |
|---|--|

COMES NOW, Petitioner(s) and respectfully request that this Court set a hearing on the **Petition for Guardianship-Adult.**

**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.

The list of interested persons to be notified regarding this hearing are as follows:

| Name and Address | Relationship to Respondent |
|------------------|----------------------------|
|                  |                            |
|                  |                            |
|                  |                            |
|                  |                            |
|                  |                            |
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- 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.
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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 \_\_\_\_\_.