Name	
Mailing Address	
City, State Zip Code	
Phone Number Email	
☐ Petitioner (without attorney/advocate) ☐ Respondent (without attorney/advocate) ☐ Attorney/Advocate for	
	FEDERATED SALISH AND KOOTENAI TRIBES SERVATION, PABLO, MONTANA
Petitioner(s)/Plaintiff(s):	Cause No
and	RESPONSE TO MOTION FOR:
Respondent(s)/Defendant(s):	AND BRIEF IN SUPPORT
paragraph that goes with the attachment. You mput "N/A" (not applicable).	ed, attach additional pages and indicate the corresponding aust fill out the entire form. If a section does not apply, ent/Defendant Other: in this action and (name) is as follows:
1. I am requesting that:	
2. My reasons are:	

 By checking this box, I am acknowledging I am filling in the blanks and <u>not</u> chan anything else on the form. By checking this box, I am acknowledging that I have made a change to the origin of this form. 	
RESPECTFULLY SUBMITTED this day of, 20 by:	
Signature of: Petitioner Respondent Attorney/Advocate for	
Signature of: □Petitioner □ Respondent □ Attorney/Advocate for	
CERTIFICATE OF MAILING	
I,, do hereby certify that I mailed a accurate copy of the RESPONSE to the opposing parties on this day of 20, at the addresses given below.	a true and
Signature	