
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 THE NAME CHANGE:</p> <p>_____</p> <p>Petitioner.</p>	<p>Cause No. _____</p> <p style="text-align: center;">PETITION FOR NAME CHANGE (ADULT)</p>
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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).

COMES NOW, Petitioner, _____, and respectfully petitions this Court for an Order to Change Name of Adult pursuant to CSKT Laws Codified, § 3-1-108. As grounds for the Petition, Petitioner states as follows:

1. Information about Petitioner:

Full name: _____

Date of Birth: _____

Place of Birth: _____

Street Address: _____

Mailing Address: _____

Primary Phone: _____

Petitioner is/is not a member of a federally recognized tribe.

Tribal Affiliation: _____ Enrollment Number: _____

2. I request that the Court change my legal name to:

First Name

Middle Name

Last Name

3. **Reason for the Name Change.** I wish to change my legal name following reason(s):

4. I affirm that there is no public interest compelling denial of the proposed name change like avoiding debt, hiding a criminal record or any other improper reason.

5. **I understand that I have a continuing duty to inform the Court of any proceeding in this or any other court that could affect the current proceeding.**

6. **Publication of Notice of Hearing.** I shall provide the Notice of Hearing on the intended Change of Name to be published for 2 weeks in a row in the Char-Koosta News, which is publication printed in Lake County, Montana on the Flathead Reservation.

7. **Request for Hearing.** I respectfully request that this Court schedule a hearing to decide this matter and provide the Notice of Hearing to be published as described in paragraph 6.

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.

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

Signature of: Petitioner

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: _____