NAME: _____

MAILING ADDRESS: _____
(Street or P. O. Box)

_____
(City/State/Zip Code)

PHONE NUMBER: _____

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

_____, Petitioner/Plaintiff, and _____, Respondent/Defendant.	Cause No.: _____ **MOTION** _____ _____ (Describe what you want the Court to do)

I, _____, the [ ] Petitioner/Plaintiff or [ ] Respondent/Defendant above-named respectfully request that the Court enter an Order that does the following: _____

_____

_____

_____

I am requesting this Order because _____

_____

_____

_____

_____

_____

_____

_____ [use attachment if necessary].

I am filing the following documents along with this Motion:

☐ My Affidavit in support of this Motion;

☐ A proposed Order for the Court's signature and self-addressed, stamped envelopes for all parties;

☐ Other: _____

If a RESPONSE is filed in opposition to this Motion, I will file a Request for Contested Hearing. If no Response is filed, I will file a Request for an Uncontested Hearing.

Dated this _____ day of _____, 20____.
(date) *(month)* *(year)*

_____
YOUR SIGNATURE

Certificate of Service

I herby certify that true and correct copies of the foregoing Motion, any referenced Affidavit, and other documents indicated above filed as attachments to this Motion were served upon the opposing party(ies) on the _____ day of _____, 20_____ by the method and at the address as indicated below:

_____ Name [ ] U.S. mail, first class postage prepaid

_____ Address [ ] Hand Delivery

_____ City/State/Zip Code

DATED this _____ day of _____, 20_____.

_____
YOUR SIGNATURE

NAME: _____

MAILING ADDRESS: _____
(Street or P. O. Box)

_____
(City/State/Zip Code)

PHONE NUMBER: _____

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

_____, Petitioner/Plaintiff, and _____, Respondent/Defendant.	Cause No.: _____ **AFFIDAVIT**

I, _____, hereby state as follows:
(PRINT your name)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I DECLARE UNDER PENALTY OF PERJURY AND UNDER THE LAWS OF THE STATE OF MONTANA THAT ALL STATEMENTS AND INFORMATION CONTAINED IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT.

DATED this _____ day of _____, _____.
(day) *(month)* *(year)*

_____
YOUR SIGNATURE

_____
PRINT YOUR NAME

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

_____,

Petitioner/Plaintiff,

vs.

_____,

Respondent/Defendant.

Case No. _____

ORDER

Having considered the ☐ Petitioner's/Plaintiff's ☐ Respondent's/Defendant's Motion

_____

(PRINT the exact name of the Motion that you filed)

and any Response and Reply filed, and good cause being found, the Court HEREBY ORDERS:

_____

(describe what you want the Court to do)

_____

_____

_____

_____

_____

_____

Dated this _____ day of _____, 20_____.

_____

DISTRICT COURT JUDGE

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

_____,
Petitioner/Plaintiff,
and
_____,
Respondent/Defendant.

Cause No. _____

ORDER

Having considered the ☐ Petitioner's/Plaintiff's ☐ Respondent's/Defendant's

☐ MOTION _____
☐ AFFIDAVIT _____

☐ RESPONSE _____
☐ AFFIDAVIT _____

☐ REPLY _____

and good cause being found, the Court HEREBY ORDERS: _____
(Describe what you want the Court to do)

_____

_____

_____

_____

DATED this _____ day of _____, 20_____.

_____
DISTRICT COURT JUDGE

cc:

_____
(Print name of Petitioner/Plaintiff)

_____
(Print name of Respondent/Defendant)

NAME: _____

MAILING ADDRESS: _____
(Street or P. O. Box)

_____
(City/State/Zip Code)

PHONE NUMBER: _____

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

_____, Petitioner/Plaintiff, and _____, Respondent/Defendant.	Cause No.: _____ **REPLY TO RESPONSE TO MOTION** _____ _____ (Print exact name of the Motion)

I, _____, reply to the Response to my Motion
(PRINT your full name)

_____ filed by _____
(name of your Motion) *(name of the opposing party who filed the Response)*

as follows: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____[use attachment if necessary].

[ ] I am also filing at this time a **REQUEST FOR CONTESTED HEARING** and a proposed **ORDER** setting hearing. (Necessary unless the opposition has filed one previously).

Dated this _____ day of _____, 20____.
(date) *(month)* *(year)*

_____
Your Signature

Certificate of Service

I herby certify that a true and correct copy of the foregoing Reply to Response to Motion was served upon the opposing party (ies) on the _____ day of _____, 20_____by the method and at the address as indicated below:

_____
Name

_____
Address

_____
City/State/Zip Code

[ ] U.S. Mail, first class postage prepaid

[ ] Hand Delivery

DATED this _____ day of _____, 20_____.

_____
Your Signature

NAME: _____

MAILING ADDRESS: _____
(Street or P. O. Box)

_____
(City/State/Zip Code)

PHONE NUMBER: _____

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

_____, Petitioner/Plaintiff, and _____, Respondent/Defendant.	Cause No.: _____ **MOTION FOR** [ ] **CONTESTED HEARING** [ ] **UNCONTESTED HEARING**

COMES NOW the □Petitioner/Plaintiff □Respondent/Defendant and respectfully requests the Court to schedule a hearing in the above entitled cause on the Motion

_____.
(specifically state the Motion you are requesting a hearing on)

DATED this _____ day of _____, 20_____.

_____
Your Signature

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing was served upon the opposing party or parties, on the _____ day of _____, 20_____ by the method and at the address or addresses indicated below:

_____
Name

_____
Address

_____
City/ State/ Zip Code

[ ] U.S. Mail (first class postage prepaid)

[ ] Hand Delivery

_____
Your Signature

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

_____, Petitioner/Plaintiff, and _____, Respondent/Defendant.	Cause No.: _____ ORDER

IT IS HEREBY ORDERED that a hearing in this matter is scheduled for the _____ day of _____, 20_____, at _____ _____.m.

Dated this _____ day of _____, 20____.

_____
DISTRICT COURT JUDGE

Copies to:

_____
(Print name of Petitioner/Plaintiff)

_____
(Print name of Respondent/Defendant)