

**FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA  
TRIBAL COURT**

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) **Case No.:** \_\_\_\_\_  
)  
\_\_\_\_\_, )  
**Plaintiff,** )  
) **MOTION**  
\_\_\_\_\_, )  
**Defendant.** )

I, \_\_\_\_\_, respectfully move the court to:  
(print full name)

1. State what you want the court to do

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Reasons (provide specific facts)

\_\_\_\_\_  
\_\_\_\_\_  
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3. If the Court schedules a motion hearing, notice can be mailed to me at the following address: \_\_\_\_\_

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- 4. I understand that the Court will mail notices to me at the address I have provided above, and I agree that the mailing of the notice to me at the above address will constitute adequate notice to me of the motion hearing date or any other matter related to this case.
- 5. I also understand that if the Court schedules a hearing in this matter, I must attend the hearing if scheduled, and if I do not, the Court may deny this motion without further notice to me.
- 6. I understand that I must provide a copy of this motion to the other parties involved and they have a right to object to the motion.
- 7. I also understand that I must file with the Court Clerk a certificate of service of this motion.
- 8. I understand that the motion is not granted unless the judge issues an order.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOND DU LAC BAND OF LAKE SUPERIOR CHIPPEWA  
TRIBAL COURT**

) **Case No.:** \_\_\_\_\_

\_\_\_\_\_, )  
**Plaintiff,** )

) **CERTIFICATE OF SERVICE**

\_\_\_\_\_, )  
**Defendant.** )

I, \_\_\_\_\_, do hereby certify that I served a copy of the attached motion, upon \_\_\_\_\_. Service was completed by:

(CHECK AND COMPLETE ONE)

**By Mail.** By mailing a copy of the motion to:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and placing the same in the United States Mail at \_\_\_\_\_ (City, State), regular mail this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**In Person.** By delivering a copy of the motion to the above-named person personally as follows:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date