

IN THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA TRIAL COURT
Meskwaki Settlement
307 Meskwaki Road
Tama, Iowa 52339-9629

Case No.

Petitioner,

MNCSS-_____ - _____

vs.

MOTION TO

Respondent

(intent of motion)

Respondent

I, _____ (print name), am a Party in this matter.

I am requesting that the Court consider granting the following motion/request [attach additional pages if needed]:

The reasons for my motion are: [write the reasons why the Court should grant your motion and include Court rules, the record, laws, and cases, if any, that support your reasons. Also, please list and describe any documents that you are attaching (*examples: "Attachment A: Receipt dated ...", "Attachment B: Written Statement by..."*)]

I, the Filer of this document, request a hearing in front of the judge on this motion.

No hearing is requested, but I understand the Court may require one to be held.

Yes. By requesting a hearing, I understand that some types of court actions have standard procedures, required steps, and timelines according to the Code and/or the Rules of Procedure that must be met prior to a hearing being set.

Additionally, I am requesting that a hearing be scheduled before the date of _____ for the following reasons: _____

Do the other parties consent to this Motion? **Yes** **No** **Don't Know**

Are all the parties in agreement for a hearing? **Yes** **No** **Don't Know**

I have read and understand this statement: The party using this form understands that the use of this *pro se* form is not a substitute for competent legal advice and that it is in a person's best interest to obtain the legal advice of an attorney prior to initiating or responding to any legal action. The party using this form understands that this form may not meet all my specific legal needs and that it is only provided as a courtesy and guide for *pro se* parties.

I hereby state, under penalty of perjury, the foregoing is true. I also understand that I must provide a copy of my motion to all other necessary parties in this case.

Date

Signature of Filer

Printed Name
Mailing Address: _____

CERTIFICATE OF SERVICE

I, the Filer of this document, have provided a copy of this filing to all the necessary parties in this case, or their attorneys if they are represented by an attorney, as listed below.

#1. MNCSS

On Date: _____

___ by Mail ___ in Person ___ Other method, describe: _____

TO: MESKWAKI NATION CHILD SUPPORT SERVICES

Mailing Address: PO Box 36, Tama, IA 52339

Physical Address: 307 Meskwaki Rd., Tama, IA 52339

#2. OTHER RESPONDENT

On Date: _____

___ by Mail ___ in Person ___ Other method, describe: _____

TO: (NAME) _____

Mailing Address: _____

#3. OTHER PARTY

On Date: _____

___ by Mail ___ in Person ___ Other method, describe: _____

TO: (NAME) _____

Mailing Address: _____