

IN THE NORTHERN CHEYENNE TRIAL COURT
OF AND FOR THE NORTHERN CHEYENNE TRIBE
LAME DEER, MONTANA 59043

IN RE THE COMPLAINT OF:

C _____

Plaintiff,

CIVIL COMPLAINT

VS.

Defendant.

Comes now, _____, who is the Plaintiff in this matter; or on behalf of _____, and alleges as follows:

1. This Court has jurisdiction in this matter pursuant to the N.C.T. Law and Order Code, Title I, Chapter 2, § 1-2-1;
2. The plaintiff is **(brief description of who plaintiff is or if an entity, what the entity is, address, etc. If a business, indicate what type of business):**

3. The defendant is _____ and whose last known address or whereabouts is _____ is responsible for the following **(attach affidavit(s) in support of the complaint):**

Therefore, plaintiff prays that this Court will grant the following relief:

1. That judgement be awarded for the plaintiff and against the defendant;
2. That this Court award damages to plaintiff in the amount of \$ _____;
3. That this Court further order that:

Plaintiff's signature

Print name, address and telephone number of Plaintiff: _____

Print name, address and telephone number of Defendant: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Clerk of Court, Northern Cheyenne Court

***If form is signed outside the Court your signature must be notarized.**

***\$150.00 filing fee. Money Order only.**

***Form will not be accepted without addresses for the parties involved.**

***All verifying documentation and sworn affidavits must be attached at the time of filing.**

CERTIFICATE OF SERVICE

This is to certify that on the date and time stated below, I served the attached:
(mark one)

- Motion
 Response/Answer
 Notice of Appearance
 Request
 Other: _____

Upon: (mark one)

- The Prosecutor: _____
 Name of Person: _____
 Name of Program/Business: _____

Personally serve at: _____
(describe location below)

Or by: (mark one)

Regular 1st Class Mail: _____
Mailing/Physical address

City State Zip Code

Certified Mail: _____
Mailing/Physical address

City State Zip Code

Date: _____ Time: _____

Signature: _____

CERTIFICATE OF SERVICE

I certify that on the date listed below, a copy of the foregoing ANSWER was (circle one) mailed by first class mail/faxed/hand-delivered to the following:

Name, Petitioner or Petitioner's Advocate

Mailing Address (PO Box or street)

City, State, Zip Code

Dated this _____ day of _____, 20_____.

Respondent