Name		
Address		
City	State	Zip Code
Phone Number		
Email Address		
PETITIONER P	RO SE	

## MONTANA FOURTH JUDICIAL DISTRICT COURT MINERAL COUNTY

In re the Par		ge of: tioner, espondent.	Cause No.: _ Department	No.:PRAECIPE			
T 4 C1 :C	2 6	<u> </u>					
To the Sheriff	of	County:					
Please serve u	ipon the Resp	ondent the following	documents:				
[X] [X] [X] [ ]	Motion to Amend Parenting Plan Affidavit Petitioner's Proposed Parenting Plan						
Also enclosed		<ul> <li>[ ] The Petitioner's Affidavit and Order of Inability to Pay Filing Fees which waives the fee for service in this matter; OR</li> <li>[ ] \$ to cover the fee for service in this matter. (Fee amount is subject to change)</li> </ul>					
1. A phy	sical descripti	on of the Respondent	t is:				

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2.	The Responder	it [ ] does	[ ] does not carry a we	eapon.					
3.	At present, the Respondent can be found:  [ ] At his/her residence:  Times normally available at this address:								
	Times r	Times normally available at this address:  At his/her place of employment:  Times normally available at this address:							
	[ ] At his/h Times r								
		Other: Times normally available at this address:							
	Times r	ormally availat	ole at this address:						
Please	serve the papers	on the Respon	dent as soon as possible	. Please return the original					
Summ	ons to me at the	address above,	along with proof of serv	vice or a statement that you v	vere				
unable	to locate the Re	spondent.							
	DATED this	day of		, 20 .					
Petitio	ner <i>Pro Se</i>		_						
Print N	Jame		_						
1 11111 1	varii C								
		Record of	Service (for Sheriff's u	se only)					
	y certify that (C	hoose One):		•					
[ ]				ng documents listed herein of d documents to him/her person					
	on the da	ay of	py of said Summons and , 20	, in the County of	Jilairy				
		, State of _	, 20						
[ ]	After due effor	t. I was unable t	to locate or serve the Re	spondent in the County of					
ГЈ		_, State of		spondent in the County of					
	DATED 41:	1 C		20					
	DATED this _	aay of		, 20					
					_				
			By:	Sheriff					
	Deputy Sheriff								

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