Name	FORM # 193
Address	
City State Zip Code	
Phone Number	
Email Address	
MONTANA	JUDICIAL DISTRICT COURT COUNTY
In re the Parenting of:	Cause No.:
Initials of Minor Child(ren),	Department No.:
Petitioner,	RESPONSE TO MOTION FOR:
and	(name of opposing party's Motion)
Respondent.	
I,	Petitioner/Respondent (circle one)
(name of opposing party	
filed by	_, for the following reasons:

		I would like a hearing before the Court on this Response. (Explain why you want a hearing in your
	Lhava	Affidavit). filed the following documents along with this Motion:
	T mave	
		My Affidavit in support of this Response.
		A proposed Order for the Court's signature.
		My Certificate of Service, which indicates how I served copies of these documents on the
oppos	ing part	y.
		Other:
	Dated	this day of, 20
		(Your signature)
		(print your name)
		CERTIFICATE OF SERVICE
		I hereby certify that a true and correct copy of my Response to Motion for
		and proposed Order were served the day of
		, 20, by:
	[]	depositing the same in the U.S. Mail with postage pre-paid;
	or []	personally delivering this document to the following person.
and A of Opp	t Name ddress posing F ir Attorr	
		Signature of Petitioner/Respondent (circle one)