



FORT MOJAVE TRIBAL COURT
 Fort Mojave Indian Tribe of Arizona, California & Nevada Reservation
 Physical & Mailing Address:
 8492 South Highway 95, Mohave Valley, Arizona 86440
 Telephone: (928) 346-5200 Fax: (928) 346-5287

**COURT USE
ONLY**

PETITIONER: _____
 Address: _____
 City, State, Zip: _____
 Phone: Home: _____ Work: _____ Mobile: _____
 v.

Case Number

RESPONDENT: _____
 Address: _____
 City/State/Zip: _____
 Phone: Home: _____ Work: _____ Mobile: _____

Division: **CIVIL**

MOTION

I am the Petitioner Respondent in this action and state the following for the basis of this Motion:

(Use additional sheet if necessary)

WHEN YOU FILE THIS MOTION:

You are required to provide the opposing party with a copy of this Motion. Your Motion must be filed at least 3 days before the scheduled hearing to be considered. For proper processing, all addresses, names, and case numbers must be included; otherwise, your document will be returned and considered incomplete. You can follow up on the status of this Motion by contacting the Clerk's Office.

Filing Fee: \$10.00. Filing Fee Waiver Request will be provided upon request.

I swear or affirm all information stated above is true under penalty of perjury.

Date: _____ Signature: _____

(Please Print)

Submitted by: _____ Address: _____
Phone No.: _____

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing Motion was served on the opposing party on _____ (Date) by the method and at the address indicated below:

Name: _____

U.S. Mail, First Class
Postage Prepaid

Address: _____

Hand Delivery

Your Signature: _____