**DO NOT WRITE ON THIS PAGE !!!**

**INSTRUCTIONS**

The numbers below correspond with the numbers on the Motion on the following page.

1. Print your name as the responsible party.
2. Print your mailing address and phone number.
3. Print the name of the Plaintiff or Plaintiffs. (In criminal or traffic cases, the Plaintiff is the City of Great Falls)
4. Print the name of the Defendant or Defendants.
5. Docket number – the Court will write in the appropriate Docket number. (If left Blank)
6. Print your name.
7. State what you are requesting.
8. State the reason for your request.

 \*\* You must be specific. Include adequate information for the Judge to consider your motion. Remember that you must have good cause for any request you make.

1. Fill in the date you are signing your motion.
2. Sign the motion.
3. File the original Motion with the Court.

**DO NOT WRITE ON THIS PAGE!!!**

(1) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ZIP) \_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN THE MUNICIPAL COURT, CITY OF GREAT FALLS

CASCADE COUNTY, STATE OF MONTANA

 )

(3) , )

 Plaintiff(s), ) Docket No. (5)

 )

Vs. ) **MOTION**

 )

(4) , )

 Defendant(s). )

I, (6) request that the Court (7)

for the reason that (8)

DATED this (9) day of (9) , 20 .

 (10)