

KALISPEL TRIBAL COURT

In re the Marriage of:

and

Petitioner,

Respondent.

No.

**Return of Service
(Optional Use)
(RTS)**

I Declare:

1. I am over the age of 18 years, and I am not a party to this action.
2. I served _____ [Name] with the following documents:
 - summons, a copy of which is attached, and petition in this action
 - Notice Re: Dependent of a Person in Military Service
 - parenting plan or residential schedule
 - child support order
 - child support worksheets
 - sealed financial source documents cover sheet and financial documents
 - financial declaration
 - notice of and motion for temporary order
 - motion for and ex parte order
 - adequate cause notice of hearing
 - declarations of _____
 - motion for and order to show cause re: _____

other:

3. The date, time and place of service were (if by mail refer to Paragraph 4 below):

Date: _____ Time: _____ a.m./p.m.

Address: _____

4. Service was made pursuant to Chapter 3 and 8 of the Kalispel Law and Order Code:

- by delivery to the person named in paragraph 2 above.
- by delivery to _____ [Name], a person of suitable age and discretion residing at the respondent's usual abode.
- by publication as provided in Chapter 3 of the Kalispel Law and Order Code. (A copy of the summons is attached.)
- (check only if there is a court order authorizing service by mail) by mailing two copies postage prepaid to the person named in the order entered by the court on _____ [Date]. One copy was mailed by ordinary first class mail, the other copy was sent by certified mail return receipt requested. (Attach return receipt below.) The copies were mailed on _____ [Date].

5. Service of Notice on Dependent of a Person in Military Service.

- The Notice to Dependent of Person in Military Service was served on mailed by first class mail on _____ [Date].
- Other:

6. Other:

I declare under penalty of perjury under the laws of the Kalispel Tribe of Indians and the State of Washington that the foregoing is true and correct.

Signed at _____, [City] _____ [State] on _____ [Date].

Signature

Print or Type Name

Fees:

Service _____
Mileage _____
Total _____

Return of Service (RTS) - Page 2 of 2

*KALISPEL TRIBAL COURT
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