

**IN THE TRIBAL COURT OF THE
PRAIRIE ISLAND INDIAN COMMUNITY**

STATE OF MINNESOTA

Attorney, Party Without Attorney or Governmental Agency
(Name, State bar number (if applicable), and address)

Telephone Number:
Fax Number:
Attorney for:

<p>_____ , Plaintiff.</p> <p>v.</p> <p>_____ , Defendant.</p>	<p style="text-align: center;">CASE NO. _____</p> <p style="text-align: center;">EX PARTE APPLICATION</p> <p>Date: Time: Judge:</p>
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1. This Ex Parte application is submitted by party (name):

2. Describe the Ex Parte relief you are requesting from this court:

3. State the reasons why the relief you are requesting should be heard on an Ex Parte basis:

4. List the names and addresses of all the people affected by the Ex Parte relief you are requesting:

5. You must provide at least 24 hours written notice of the Ex Parte hearing to every person listed in item 4 above.

a. I have provided at least 24 hours written notice to every person listed in item 4 above.

(1) In writing by US mail (attach notice)

(2) In writing by express mail (attach notice)

(3) In writing by facsimile (attach notice)

b. I have not provided notice to the following persons (state why):

6. I estimate the Ex Parte hearing should take _____ minutes.

I declare under penalty of perjury under the laws of the Prairie Island Indian Community that the forgoing is true and correct.

Date _____

Signature of Applicant _____