

**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>CASE NO. _____</p> <p>NOTICE OF EX PARTE APPLICATION</p> <p>Date: Time: Judge:</p>
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PLEASE TAKE NOTICE THAT (state name) _____
**WILL SEEK AN EX PARTE ORDER IN THE TRIBAL COURT OF THE
PRAIRIE ISLAND INDIAN COMMUNITY ON** _____
(date, at least 24 hours notice must be given) _____ **AT** (time) _____ **IN**
ROOM _____.

Date _____ Signature of Applicant (or attorney) _____