IN THE JUSTICE COURT OF THE STATE OF MONTANA IN AND FOR THE COUNTY OF CARTER BEFORE KATHLEEN "KATHY" ROSENCRANZ, JUSTICE OF THE PEACE 214 PARK STREET, EKALAKA, MT 59324 OFFICE 406-775-8754 FAX 406-775-8755

AllPlaintiffStart AllPlaintiffName AllPlaintiffEnd Plaintiff(s)	Case No. CaseNumber
VS	SUMMONS
<u>AllCivilDefendantStart</u> <u>AllCivilDefendantName</u> <u>AllCivilDefendantEnd</u> Defendant	

THE STATE OF MONTANA, TO THE ABOVE-NAMED DEFENDANT(S), GREETING(S):

YOU ARE HEREBY SUMMONED to answer the Complaint in this action, which is filed in the above entitled Court. A copy of same is served upon you. You must file your written answer with the above entitled Court and serve a copy upon the Plaintiff(s), or Plaintiff('s)(s') attorney within twenty (20) days after the service of this Summons, exclusive of the day of service. FAILURE TO APPEAR AND ANSWER will allow judgment to be taken against you by default, for the relief demanded in the Complaint. A \$30.00 filing fee must accompany the answer at the time of filing.

WITNESS my hand this _____ day of ______, 20___.

Judge

Plaintiff(s) Signature

Address

Phone No.

Phone No.

Address

by: Clerk

Plaintiff(s) Attorney Signature

STATE OF MONTANA

: COUNTY OF ______,)

I HEREBY CERTIFY that I received the within Summons on the ____ day of _____, 20___, upon _____, in the County of ______. A copy of said Summons and Complaint, referred to in said Summons, was left with the Defendant(s).

DATED this _____ day of ______, 20___.

: ss.

Service \$ Mileage \$ Total \$_____

Sheriff / Deputy / Constable / Levying Officer