

IN THE **SMALL CLAIMS DIVISION** OF THE JUSTICE COURT, DEPARTMENTS ONE AND TWO,
 OF THE STATE OF MONTANA IN AND FOR THE COUNTY OF GALLATIN, BEFORE
 RICK WEST / BRYAN ADAMS, JUSTICES OF THE PEACE

615 So. 16TH AVENUE, ROOM 168, BOZEMAN, MT 59715 406-582-2191

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_____))
 _____))
 Plaintiff,))
 -vs-))
 _____))
 _____))
 Defendant.))

Case No. _____ - _____

ORDER
and
NOTICE TO DEFENDANT

You are hereby directed to appear and answer the attached complaint at the above named Justice's Court on:

_____ at ____:____ ____ M. Reset for:
 _____ at ____:____ ____ M. Reset for:
 _____ at ____:____ ____ M. Reset for:
 _____ at ____:____ ____ M.

and to have with you, all books, papers, and witnesses needed by you to establish your defense to the claim. You must provide three (3) copies of any photos and/or exhibits defending your case (1 copy for yourself, 1 copy for the opposing party and 1 copy for the court). You are further notified that in case you DO NOT APPEAR, JUDGMENT WILL BE TAKEN AGAINST YOU BY DEFAULT for the relief demanded in the complaint and for costs of this action, including costs of service of the complaint and Order of the Court and Notice to Defendant.

YOU ARE HEREBY FURTHER NOTIFIED THAT, WITHIN TEN (10) DAYS OF SERVICE UPON YOU OF THIS COMPLAINT AND ORDER, YOU MAY REMOVE THIS ACTION FROM THE SMALL CLAIMS COURT TO JUSTICE CIVIL COURT, AND THAT YOUR FAILURE TO REMOVE CONSTITUTES A WAIVER OF YOUR RIGHT TO TRIAL BY JURY AND REPRESENTATION BY COUNSEL.

Dated this ____ day of _____, 20__.

 Justice of the Peace

By: _____
 Clerk, Small Claims Division

STATE OF MONTANA)
 COUNTY OF GALLATIN)

I HEREBY CERTIFY THAT I received the within Order of Court and Notice to Defendant on the ____ day of _____, 20__, and personally served the same on the ____ day of _____, 20__, upon _____ in the County of _____, a copy of said Order of Court and Notice to Defendant and a copy of the Complaint referred to in the Order of Court and Notice to Defendant.

DATED this ____ day of _____, 20__.

Service \$ _____
 Copy \$ _____
 Mileage \$ _____
 Total \$ _____

 Sheriff / Constable
 By: _____
 Deputy Sheriff _____