

**IN THE COURTS OF THE PUYALLUP TRIBE OF INDIANS
FOR THE PUYALLUP INDIAN RESERVATION
TACOMA, WASHINGTON**

In re:

DOB(s): _____

=====

_____ ,

Plaintiff(s)/Petitioner(s),

v.

_____ ,

Defendant(s)/Respondent(s).

Case No. _____

MOTION TO DISMISS

Joint Motion

Hearing Date: _____

Hearing Time: _____

COMES NOW, the above-named Plaintiff(s)/Petitioner(s) Defendant(s)/Respondent(s) and asks the Court for an order dismissing this action for the following reason(s):

I have *attached* additional document(s) in support of the motion.

I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.

Party Signature

Date

/s/

Print Name – Party Electronic Signature

Attorney/Advocate Bar No. (if applicable)

Co-Party Signature (if any)

Date

/s/

Print Name – Party Electronic Signature

Attorney/Advocate Bar No. (if applicable)

Case No. _____

MOTION TO DISMISS

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**IN THE COURTS OF THE PUYALLUP TRIBE OF INDIANS
FOR THE PUYALLUP INDIAN RESERVATION
TACOMA, WASHINGTON**

In re:

DOB(s): _____

Case No. _____

PROOF OF SERVICE

Plaintiff(s)/Petitioner(s),

v.

Defendant(s)/Respondent(s).

1. I, _____, certify that I am 18 years of age or older.
Name
2. I am not a party to this case a party to this case. (*Summons, notice of hearing, and petitions must be served by someone who is not a party to the case.*)
3. I served Plaintiff(s)/Petitioner(s), Defendant(s)/Respondent(s), Other: _____
a true copy of the following document(s): Petition Notice of Hearing Summons
 Motion Other: _____.
4. I served said document(s) by:
 - personally delivering to _____ on _____
Name *Date*
 - at _____, at _____.
Street Address, City, State, Zip Code *Time*
 - mailing to _____,
Street Address or P.O. Box, City, State, Zip Code
 - via first class mail certified mail, return receipt requested other: _____.
 - emailing to _____.
Email Address

I certify, under penalty of perjury under the laws of the Puyallup Tribe of Indians, that the foregoing statement and any attachments are true and correct to the best of my knowledge and belief. Puyallup Tribal Code § 5.12.1180.

Date: _____

Signature: _____

Printed Name: /s/ _____

(Party Electronic Signature)

Attorney/Advocate Bar No. (if applicable): _____

Case No. _____

PROOF OF SERVICE

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