## INSTRUCTIONS FOR FILING FOR APPLICATION FOR CONTEMPT

The Application for Contempt needs to be notarized or brought to the Court Clerk's office for review before filing. The Clerk will notarize *if* everything is correct.

Once you receive your "draft" Application, it will need to be **retyped** in the same format. Only an original Application can be filed. Copies will not be accepted. **DO NOT USE THIS FORM AS AN ORIGINAL HAS TO BE FILED** because it will be rejected. **DO NOT COPY THIS FORM AND USE IT AS AN ORIGINAL.** 

# DO NOT FILL IN THE BLANKS AND RETURN THE COPY FOR FILING. RETYPE THE APPLICATION FOR SUBMISSION TO THE COURT.

The fee for filing this petition is \$30.00. When filing your application, include your \$30.00 fee in the form of a cashier's check or money order made payable to the Citizen Potawatomi Nation District Court.

If you are mailing your application for filing, please include the notarized original, two copies and your filing fee. Your application will not be filed if the fee is not received. Mail your petition and fee to:

### COURT CLERK'S OFFICE CITIZEN POTAWATOMI NATION 1601 SOUTH GORDON COOPER DRIVE SHAWNEE, OKLAHOMA 74801

A file-stamped copy of the application and a Citation for Contempt will be mailed back to you. You will need to notify the opposing party of the Contempt Citation by proper service.

Should you have any questions concerning this form, please contact me at 405-878-4844.

## IN THE DISTRICT COURT OF THE CITIZEN POTAWATOMI NATION

NAM	E	Plainti	ff	)		
NAM	vs E	Defend	lant.	) ) ) ) )	CASE No. (your case #)	
	APPLICATION FOR CONTEMPT					
		nd shows to the	Court tl	hat on	(plaintiff or defendant), and the day of, as necessary)	
	1					
	2.					
	3.					
doing	At this time the (I) the following:	Plaintiff or Defenda	nnt) has	failed	to do as ordered by (doing/not	
	1					
	2.					
	3.					
		dant) to appear on			PRAYS that an order be made and show cause why (he/she)	
	DATED at Shawn	ee, Oklahoma this	da	y of	, 20	
			FULL A	ADDR	ATURE ESS (city, state & zip) ELEPHONE NUMBER RESS (if available)	

#### **VERIFICATION**

STATE OF OKLAHOMA )	CC.	
POTTAWATOMIE COUNTY )	SS:	
I, (your name), do hereby ce understand and am familiar with its to herein are true and accurate to the best of	erms and that the facts an	d allegations contained
	YOUR SIGNATURE	
Sworn to and subscribed before me this	day of	, 20
	COURT CLERK/NC	TARY PUBLIC
My Commission Expires:		