In the (check one box and fill in the blank	(for the court where you are filing):
☐ Justice Court ofCounty (county of court where you are filing)	
☐ City Court of	3,
(city of c	ourt where you are filing)
☐ Municipal Court of(city of c	ourt where you are filing)
☐ Judicial District Court o	•
(number of district)	county of court where you are filing)
State of M	•
	ontana
(your name)	Cause No.:
Plaintiff,	Dept. No.:
	Dept. No.: (filled out by court)
V.	
,	Order Setting
(name(s) of tenant(s))	
	Hearing
Defendant(s).	
The hearing on the Complaint for Action fo	r Possession filed in this case is set for
the following date:	, time (a.m./p.m.), and
place:	
Date signed: Judg	
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Association. Use of this form is restricted to not-for-profit purposes. Last updated 7/8/2010