(your name)			
(your mailing	address)		
(city)	(state)	(zip)	
(your phone Plaintiff Pro			
In the (check o	<b>ne</b> box and fill in the b	lank for the cou	rt where you are filing):
☐ Justic	e Court of	/00	County,
		State of N	unty of court where you are filing)  flontana
(yo	our name)		Cause No.:
	Plair	ntiff,	(filled out by court)
V.			Summons
(name	e(s) of tenant(s))		
	Def	endant s .	

The State of Montana summons you to answer the Complaint in this action. The Complaint is filed in the office of the court named above. A copy of the Complaint is attached to this Summons and is now served on you. If you deny any or all of the facts in the Complaint, you must file your written Answer with the court named above. You must also pay any fee the court requires for filing an Answer unless you get the court's permission to file the Answer without paying the fee. You must also send a copy of your Answer to the Plaintiff or the attorney at the address on the Complaint.

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The Answer must have a denial of any or all of the facts in the Complaint that you believe are not true. The Answer must also have a plain, direct statement of any facts that make up a defense. Any facts in the .Complaint that you do not deny in the Answer will be considered admitted. If you do not file an Answer or Counterclaim within 5 business days after service of the Complaint and Summons, the Plaintiff may ask the court to enter a judgment against you by default.

(Rest of form to be filled out by court.)	
Date:	
	Clerk of Court