SAGINAW CHIPPEWA TRIBAL COURT CIVIL DIVISION		AND VERIFICATION ERNATE SERVICE	CASE NO.
Court address			Court telephone no.
6954 E. BROADWAY, MT. PLEASANT, Plaintiff name(s), address(es), and telephone number		Defendant name(s), add	989-775-4800 ress(es), and telephone number(s)
r taintiir marife(s), address(es), and telephone numb	er(3)	v	ress(es), and telephone number(s)
Service of process upon service of process upon	of process come		cannot reasonably be made
as shown in the following verification of	-		
2. Defendant's last known home and bus	siness addresse	s are: MI	48858
Home address	City	State	Zip
Business address	City	State	Zip
 a. I believe the home business b. I do not know defendant's curre current address: 	ress shown abovent		e following efforts to ascertain the
3. I request the court order service by all	ernate means.		
I declare that the statements above are to	rue to the best o	f my information, knowledge	and belief.
Date		Attorney signature	
Address		Attorney name (type or print)	Bar no.
City, state, zip	Telephone no.		
•			
	VERIFICATION	ON OF PROCESS SERVER	

I declare that the statements above are true to the best of my information, knowledge and belief.

Date Signature

Process Server (type or print)

SAGINAW CHIPPEWA TRIBAL COURT CIVIL DIVISION	ORDER FOR ALTERNATE SERVICE	CASE NO.
Court address 6954 East Broadway, Mount Pleasant,	MI 48858	Court telephone no. 989-775-4800
Plaintiff name(s), address(es) and telephone no(S). Defendant name(s), a	address(es) and telephone no(s).
Plaintiff's attorney, bar no., address, and telepho	ne no.	
THE COURT FINDS:		
Service of process upon defendant		
	led, and service of process may be made in a m	
	otice of the proceedings and an opportunity to be	
IT IS ORDERED:		
	nt and a copy of this order may be made by the	following method(s):
·	mana a copy or and order may so made sy are	
	ne door at	
c. Delivering at		
d. Other:		
3. For each method used, proof of serving	ce must be filed promptly with the court.	
Date	Judge	Bar no.

PROOF OF SERVICE

I served a copy of the			and a copy of the order for alternate service upon			
					by:	
1. First cla	ss mail to				, on Date	
					, on	
				Date , on		
					Date	
	otly to defendan				, on Date	
					Date	
Date				Signature		
Service fee \$	Miles traveled	Mileage fee \$	Total fee \$	Title		
Subscribed an	nd sworn to befo	ore me on	9	,	County, Mic	higan.
Mv commissio	n expires:		Signature:			
,	Date			Deputy court clerk / Notary	public	