SAGINAW CHIPPEWA TRIBAL COURT CIVIL DIVISION	MOTION AND VERIFICATION FOR ALTERNATE SERVICE		CASE NO.	
	MI 40050		Court telephone no.	
6954 E. BROADWAY, MT. PLEASANT, Plaintiff name(s), address(es), and telephone num		Defendant name(s), addres	989-775-4800 ss(es), and telephone number(s)	
 Service of process upon as shown in the following verification 	of process server		cannot reasonably be made	
 Defendant's last known home and bu 	-			
2. Defendant's last known nome and bu		MI	48858	
Home address	City	State	Zip	
Business address	City	State	Zip	
3. I request the court order service by a		my information, knowledge a	nd belief.	
Date		Attorney signature		
Address		Attorney name (type or print)	Bar no.	
City, state, zip	Telephone no.			
	VERIFICATIO	ON OF PROCESS SERVER		
1. I have tried to serve process on this of	defendant as desc	cribed: State date, place ar	nd what occurred on each occasion	

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

v

CASE NO.

Court address

6954 East Broadway, Mount Pleasant, MI 48858

Plaintiff name(s), address(es) and telephone no(s).				
Distantification in the second data and the second				
Plaintiff's attorney, bar no., address, and telephone no.				

Defendant name(s)	, address(es)	and telephone	e no(s).	

THE COURT FINDS:

1. Service of process upon defendant _____

cannot reasonably be made as provided, and service of process may be made in a manner which is reasonably

calculated to give defendant actual notice of the proceedings and an opportunity to be heard.

IT IS ORDERED:

- 2. Service of the summons and complaint and a copy of this order may be made by the following method(s):
 - a. 🗌 First class mail to _____
 - b. Tacking or firmly affixing to the door at _____
 - Delivering at _____ C.
 - d.
 Other:

3. For each method used, proof of service must be filed promptly with the court.

Court telephone no. 989-775-4800

PROOF OF SERVICE

I served a copy of the		and a copy of the order for alternate service upon		
		by:		
1. First class mail to		, on Date		
2. Tacking or firmly affix	king to the door at	, on Date		
		, on Date		
		itable age and discretion to receive process, with instructions to deliver		
it promptly to defendate	ant.			
4. Other:		, on		
		Date		
Date	_	Signature		
Service fee Miles traveled \$	Mileage fee Total fee \$	Title		
Subscribed and sworn to be	efore me on Date	,County, Michigan.		
My commission expires:	Signati			
Da		Deputy court clerk / Notary public		