

**FAMILY RELATIONS
MOTION FOR CONTEMPT**

**MASHANTUCKET PEQUOT TRIBAL COURT
OFFICE OF THE TRIBAL COURT CLERK
P.O. BOX 3126, MASHANTUCKET, CT 06338-3126**



Mashantucket Pequot
Tribal Nation
Tribal Court

Rev. 02/2017

DOCKET NO. MPTC-CV-FR-	DATE OF MOTION:
, Plaintiff	Plaintiff's Address (Number, street, city, state, zip code)
v.	
, Defendant	Defendant's Address (Number, street, city, state, zip code)

I, _____, the Plaintiff the Defendant MPTN Family Services Officer
(Name)

Respectfully represents that:

1. This Court issued an order dated _____ directing _____, residing at _____, to: (Complete the boxes that apply to your motion):
(Name)
(Number, street, city, state zip code)

Pay child support in the amount of: \$ _____ every (per) _____	Pay alimony in the amount of: \$ _____ every (per) _____
Pay arrearages as follows: \$ _____ every (per) _____ on the total arrearage owed of \$ _____ as of (date) _____	
Have visitation or parenting time as follows: (Attach a copy of the visitation schedule if available) _____	
Pay medical bills or provide health insurance as follows: _____	
Other: (Specify) _____	

The Plaintiff Defendant has disobeyed the court order in the following ways: (Please be specific. Include the amount of any past due amount you claim is due as of the date of this motion or another specific date.)

I ask the Court to find the Plaintiff Defendant in contempt. I certify that the above information is true to the best of my knowledge.

Signed (signature of filer)	Print or type name of person filing	Dated signed	
Address	Phone	Additional phone/cell/fax numbers	Email

Order to Attend Hearing and Notice (To be completed by Clerk or MPTN Family Services Officer, if applicable)

The Court orders that a hearing be held at the time and place shown below. The Court also orders the:

Plaintiff Defendant MPTN Family Services Officer is to give notice to the opposing party of the Motion and of the time and place where the Court will hear it, by having a true and attested copy of the Motion for Contempt and this Order served on the opposing party by any proper officer at least _____ days before the date of the hearing. Proof of service must be made to this Court at least _____ days before the date of the hearing.

Hearing Date →	Date	Time of Hearing
	a.m. / p.m.	
Court Location →	Mashantucket Pequot Tribal Court	
	101 Pequot Trail	
	Mashantucket, CT 06338	

Summons

TO ANY PROPER OFFICER:

Pursuant to Mashantucket Pequot tribal law, you must serve a true and attested copy of the above Motion and Order to Attend Hearing on the below named person in one of the ways required by law at least _____ days before the date of the hearing, and file proof of service with this Court at least _____ days before the hearing.

Person to be served	Address	
Signed: Judge / Clerk / Family Services Officer		Date signed

ORDERS OF THE COURT

The foregoing motion, having been presented to this Court, and the parties having been duly heard, IT IS HEREBY ORDERED:

Plaintiff Defendant

is not in contempt is in contempt in the following ways:

owes past due amount (arrears) as of _____ in the amount of \$ _____.

other (specify): _____

(Orders cont'd page 3)

IT IS FURTHER ORDERED:

Payment in the amount of \$_____ for current support and \$_____ on arrearage by _____

Income withholding in the amount of \$_____ per _____

Attorney's fees

Marshal's / process server's fees

This matter is continued to _____ at _____

Other (*specify*): _____

By the Court:

Date Signed:

RETURN OF SERVICE

Service of the Motion for Modification was made by me,	DATE: _____
NAME OF SERVER: _____	TITLE: _____

Check one box below to indicate appropriate method of service

<input type="checkbox"/>	Served IN HAND upon the Plaintiff/Defendant: ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
<input type="checkbox"/>	Left copies at the Plaintiff/Defendant's DWELLING HOUSE or USUAL PLACE OF ABODE : ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
<input type="checkbox"/>	Served an AGENT authorized by appointment or by law to receive service: NAME OF AGENT: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
<input type="checkbox"/>	OR, BY ORDER OF THE COURT dated _____, _____: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Mailed copies by Certified Mail/Registered Mail (certificate of mailing) to the Defendant addressed to the following address: ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ <input type="checkbox"/> Certified/Registered Mail Article Number: Return Receipt {Green Card} Returned on: Served on: Returned unexecuted on the following date: _____</div> <input type="checkbox"/> OTHER (Please specify, e.g., by publication): _____
<input type="checkbox"/>	Pursuant to M.P.R.C.P. 4d, upon an Indian Nation or Tribe; a Town, City, State, or the United States; a Corporation or Partnership; the Mashantucket Pequot Tribe, as directed in said Rule of Civil Procedure.

STATEMENT OF SERVICE FEES

TRAVEL: _____	SERVICES: _____	TOTAL: _____
---------------	-----------------	--------------

DECLARATION OF SERVER

I declare under penalty of perjury that the foregoing information contained in the Affidavit of Service and Statement of Service Fees is true and correct.

Date Executed: _____	Signature of Server: _____
Address of Server: _____	

COURT USE ONLY

TRIBAL COURT FILING DATE: _____

_____ v. _____ MPTC- _____