IN THE JUSTICE COURT, DEPARTMENT, OF THE STATE OF MONTANA IN AND FOR THE

COUNTY OF BEAVERHEAD, BEFORE CANDY L. HOERNING, JUSTICE OF THE PEACE

2 S. PACIFIC ST. #16, DILLON, MT 59725 406-683-3755

* * * * * * * * * *

Enter Plaintiff's name(s)	)	
	)	Case No. CV _____ - _____
Plaintiff(s),	)	
-vs-	)	**P R A E C I P E**
Enter Defendant's name(s)	)	**INSTRUCTIONS FOR SERVICE**
	)	
Defendant(s).	)	

TO: Type or print the name of Server of your choice
SHERIFF'S DEPARTMENT OR PROCESS SERVER

DATE: _____, 20_____

FROM: Name: Your name
Address: Your address
_____
Phone: Your phone number

INSTRUCTIONS FOR SERVICE:

Please serve the attached execution on the defendant's wages. He is employed at . . . . . .

OR

Please serve the attached execution on the defendant's bank account at . . . . . .

_____

Your signature
Signature

Note: Your papers cannot be served if the Praecipe is not signed.

SAMPLE