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Name:
P.O. Box _____
Saipan, MP 96950

Telephone No.:

PRO SE

**IN THE SUPERIOR COURT
OF THE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

FCD-___ CIVIL ACTION NO. ___-_____

Petitioner,

v.

Respondent ,

**DECLARATION IN SUPPORT
OF MOTION**

(State reasons for bringing motion.)

Date: _____

Signature

Print Name