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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**

In the Matter of the Petition for the Death)
Certificate Correction of:)
_____)
Deceased)
By:)
_____)
Petitioner)
_____)

FCD-CN CIVIL ACTION NO. ____-_____

**MOTION TO SHORTEN TIME
AND DECLARATION**

The Petitioner hereby moves that the date and time for notice of hearing for Petitioner's
Petition be shortened and that the hearing be set on _____ at _____.

Dated this ____ day of _____, 20____.

Petitioner

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

In the Matter of the Petition for the Death
Certificate Correction of:

FCD-CN CIVIL ACTION NO. ____-____

_____,
Deceased

DECLARATION

By:

Petitioner

Dated: _____

Signature

Print Name