

IN THE JUSTICE COURT OF RECORD
CITY OF GREAT FALLS, COUNTY OF CASCADE, STATE OF MONTANA
BEFORE THE JUSTICE OF THE PEACE

BANKRUPTCY FORM

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First: _____ **Last:** _____ **DOB:** _____ **SSN:** _____ - _____ - _____

First: _____ **Last:** _____ **DOB:** _____ **SSN:** _____ - _____ - _____

First: _____ **Last:** _____ **DOB:** _____ **SSN:** _____ - _____ - _____

Reason: Bankruptcy

Attorney: _____

Type of case: Civil

Request copy of entire file (all documents)

Request copy of specific document or documents, but not entire file (specify types of documents or indicate individual document requested):

Judgment

Complaint

Request delivery by: Mail Courthouse box (attorneys only) call for pick up
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Date of request _____, 20____
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Justice Court Staff Use Only
Pages _____ Fee required: \$_____
Fee paid <input type="checkbox"/> _____, 20____
Record provided ___/___/20___ by:
<input type="checkbox"/> mail/box <input type="checkbox"/> pick up by party
Justice of the Peace / Clerk