ORIGINAL

FILED

04/30/2025

Bowen Greenwood

CLERK OF THE SUPREME COURT

STATE OF MONTANA

Case Number: DA-25-0068

Raven Schlingen Name 41 have son Ave Scule Bull Mt 5320/ City State Zip Ravenschlugger 19820 smal, con

[e-mail address]

[Designation of party]

FILED

APR 3 0 2025

Bowen Greenwood Clerk of Supreme Court State of Montana

IN THE/SUPREME COURT OF THE STATE OF MONTANA

No. 10128 6068

[to be assigned by Clerk of Supreme Court]

Appellant,

MOTION FOR EXTENSION OF TIME

Kowen Schrig

Appellee.

[Use this form to ask the Court for more time to file a brief or other document.]

I move the Court for 30 days of additional time to:

☐ File an opening brief on appeal. [M. R. App. P. 26]



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MOTION FOR EXTENSION OF TIME PAGE 1 OF 3

| File a response brief. [M. R. App. P. 26] |
|---|
| □ File a |
| The current due date is $\frac{100}{100}$ $\frac{1}{30}$ $\frac{2025}{100}$. |
| If this is a second or subsequent request for an extension of time, you must explain the reason the extension is needed. You must also state a good reason why you need the extension of time. [Rule 26(2)] |
| Briefly explain the reason you need additional time: In Collecting all the lower Decords Cival Did New First Digit (words Light Court deals) cure ordes Right |
| There contacted approxima counsel on The Seed Seed Seed who |
| I have contacted opposing counsel or \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| is not represented by counsel, and there's a perment District |
| □ there is no objection to the motion. Sent aleter but |
| □ there is an objection to the motion. It was Returned. [M. R. App. P. 16, 26] |
| \square I am incarcerated and not required to contact opposing counsel. |
| DATED this 30 day of April 2025. |
| [Signature] |
| Print name] |
| F= |



CERTIFICATE OF SERVICE

I certify that I have filed this **Motion for Extension of Time** with the Clerk of the Montana Supreme Court and that I have mailed or hand delivered a copy to each attorney of record and any party not represented by counsel as follows:

| [Name of opposing counse | <u>ij</u> |
|---------------------------|--|
| | |
| [Address] | |
| Counsel for | |
| [Other party representing | odd Slal himself or herself! Son Well H 15 C. 8 201 |
| [Address] | 37601 |
| | [Name] [Name] |

