Date:	Referred	Referred By:				
Time:		Community Support Worker				
Intake Worker:	· ,	Provincial Court Order				
Court File #:	Akwesasn	Akwesasne Mohawk Court				
	Interim					
	Peace Bond Fo The application fee is \$					
APPLICANT:		PHONE:				
ADDRESS:		DISTRICT: Kanatakon				
ADDRESS.		_				
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	10 3 10 8 9	Akwesasne, NY				
RESPONDENT:		PHONE:				
ADDRESS:		DISTRICT: Kanatakon				
ADDITEOU.	= 131	Kawehnoke				
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		Akwesasne, NY				
ISSUE(S): [Address][Relations	ship][Children][Age][Phone]					
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	Choice:		Address and phone	
Applicant's Attorney:				
Respondent's Attorney:	Choice:		Address and phone	
	AK	WESASNE COUR	RT	
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Applicant	Applicant's Attorney Hereby agrees to abide by the rules of the Akwesasne Court.			
rules of the				
Court.				
		Date		"
Respondent's Attorney Hereby agrees to abide by the			1000000	
rules of the A	kwesasne			
Court.		Date		