\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address (optional)

☐Petitioner ☐Respondent ☐Co Petitioners

**Appearing without a lawyer**

**MONTANA \_\_\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT COURT, \_\_\_\_\_\_\_\_\_\_\_ COUNTY**

|  |  |
| --- | --- |
| ☐ In re the Parenting of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  *OR*  ☐ In re the Marriage of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  ☐ Petitioner,  and  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  ☐ Co Petitioner ☐Respondent. | **Case No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Notice of Intent to Move** |

**This notice is about parenting our child(ren). The court may make a decision without your involvement unless you submit a written response to the court and to the other parent within 21 days. Read the information below.**

1. The ☐ Petitioner☐ Co-Petitioner ☐ Respondent intends to change their place of residence.
2. The move will take place on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).
3. The ☐ Petitioner☐ Co-Petitioner ☐ Respondent’s new place of residence will be: Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Significant Affect

Choose One:

☐ The change in residence will not significantly affect the child’s contact with the other parent. I do not need to complete a Proposed Amended Parenting Plan. I only need to send this Notice of Intent to move to the other parent.

*OR*

☐ The change in residence will significantly affect the child’s contact with the other parent. I am completing and attaching a Proposed Amended Parenting Plan and attaching it as Exhibit A. I ask the court to adopt the Proposed Amended Parenting Plan.

1. Service of Notice

Choose One:

☐ I will serve the Notice of Intent to Move with my Proposed Amended Parenting Plan attached as Exhibit A by having a sheriff or a process server personally deliver it. I know that the sheriff or process server with provide me with proof of service that I must file with the court.

*OR*

☐ I have served or will serve the Notice of Intent to Move with my Proposed Amended Parenting Plan attached as Exhibit A by mailing a copy to the other parent by certified return receipt mail. I have completed the Certificate of Service at the end of this document.

I am required by law to give you this notice: The relocation of the child may be permitted and the proposed revised residential schedule may be ordered by the court without further proceedings unless within 21 days you file a response and alternate residential schedule with the court and serve your response on the person proposing the move and all other persons entitled by the court order to residential time or visitation with the child.You can find this law at Section 40-4-217 MCA.

Dated this is day of , 20 .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**CERTIFICATE OF SERVICE**

I hereby certify that on the day of , 20 , I served a true and correct copy of the foregoing Notice of Intent to Move and any exhibits upon the co-parent by certified mail, postage prepaid addressed as follows:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature