_____
Wife's Name

_____
Wife's Address

_____
City State Zip Code

_____
Phone Number
WIFE, PETITIONER PRO SE

_____
Husband's Name

_____
Husband's Address

_____
City State Zip Code

_____
Husband's Phone Number
HUSBAND, PETITIONER PRO SE

MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY

The Marriage of: _____, Petitioner (*Wife's Name),* and _____, Petitioner (*Husband's Name)*	Cause No.: _____ **Notice and Acknowledgment to Child Support Enforcement Division**

COMES NOW, the Petitioners and give notice to the State of Montana, Department of Public Health and Human Services, Child

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Support Enforcement Division, in accordance with M.C.A. § 40-5-202(5), that they have filed a Joint Petition for Dissolution of Marriage in the above-entitled action, and that one of the issues in this legal action is child support. A copy of the Petition is attached hereto. In accordance with M.R.Civ.P. 4D(2)(h), the Petitioners also give notice to the Attorney General of the State of Montana.

DATED this _____ day of _____, 20_____.

_____ _____

Wife, Petitioner Pro Se Husband, Petitioner Pro Se

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Notice and Petition for Dissolution were served upon the following by mailing true and correct copies on the _____ day of _____, 20_____, postage prepaid and addressed as follows:

Department of Public Health and Human Services
Child Support Enforcement Division
215 N. Sanders, Third Floor
P.O. Box 201401
Helena, Montana 59620-1401

DATED this _____ day of _____, 20_____.

_____

Petitioner Pro Se

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ACKNOWLEDGMENT OF SERVICE OF NOTICE

I, the undersigned, hereby acknowledge that I received a copy of the Petitioner's Notice to Child Support Enforcement Division and a copy of the Petition in the above-entitled action.

DATED this ____ day of _____, 20___.

By: _____

DECLINATION BY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

The Department of Public Health and Human Services declines to enter this proceeding as a party.

DATED this ____ day of _____,
20_____.

By: _____
DPHHS, Child Support
Enforcement Division

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