INSTRUCTIONS

Order Information: Check the box that most accurately describes the type of order being entered. If it is a dissolution of marriage, enter the place of marriage and indicate if child support is ordered. Temporary support orders and paternity orders that contain child support are categorized as "child support order, without dissolution." "Child support order" includes medical support orders. If the order does not contain a child support order, social security numbers of the parties are not required and only Parts 1, 2 and 9 need to be completed.

Parts 1 and 2: Provide information about the parties to the order. If there is a child support order, be sure to check the box that shows whether the party owes support (payer) or will receive support (payee). If a party is ordered to both pay and receive support, check the box labeled "both." If there is no support order, check the box labeled "N/A" for not applicable. If a party is ordered to pay $0 support, that party should be considered a payer.

Part 3: Provide information about the children named in the order and indicate which parent or other party the children live with. If the parenting plan provides for shared residential parenting, circle "B" for both. If a child is not living with either parent, circle "O" and list the child's name and address.

Part 4: Complete this part if support is ordered to be paid to an agency or an individual other than a parent.

Part 5: Indicate whether any of the parties are protected from each other by a protective or restraining order. If yes, list the names of the protected parties. This includes any protected children.

Part 6: Provide information about the employment or other source of income of the party who is ordered to pay child support. If both parties are ordered to pay support, skip Part 6 and complete Part 10 instead.

Part 7: Provide information about the support order. Check the type(s) of support ordered and enter the amount and how often it is due. (Example: $100 per week.) All orders should have a "begin" date; many will not have an "end" date. If both parties are ordered to pay support, skip Part 7 and complete Part 11 instead.

If the order enters a judgment for past due support, show the **total** amount of the judgment. If the judgment includes amounts for penalties, fees or interest, list those amounts on the appropriate lines.

List any special conditions of the support order. (Example: support is due until the child graduates from college.)

Copy the information requested about the guidelines to this form from the guidelines worksheet.

Part 8: Provide information about health insurance coverage for the children. If insurance is not provided, indicate whether it is available through the employer of either parent. Relationship of the party providing insurance is the party's relationship to the children. (Example: mother, father, mother's spouse, father's spouse.) List the terms and conditions of the insurance coverage. (Example: 80/20 plan, $500 deductible, major medical only.)

Part 9: Provide information about the person completing this form.

Part 10: Employment information for multiple payers. Complete only if both parties are ordered to pay support. See Part 6 instructions.

Part 11: Order information for multiple payers. Complete only if both parties are ordered to pay support. See Part 7 instructions.

MONTANA STATE CASE REGISTRY
AND VITAL STATISTICS REPORTING FORM
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

(See instructions on first page)

County / Tribe _____ Judicial District No._____ Cause No. _____

Date Decree/ Order Signed _____

☐ Dissolution of Marriage
County that Issued Marriage License _____
City, County, State of Marriage _____
Date of Marriage _____
☐ With Child Support Order
☐ Without Child Support Order (Complete Parts 1, 2 & 9 only)

☐ Modification of Child Support Order

☐ Child Support Order, without Dissolution (Includes Temporary Support Orders and Paternity Orders with Child Support)
☐ Legal Separation with Child Support Order
☐ Dependent Neglect / Juvenile Delinquency
☐ Invalid Marriage - Specify Legal Grounds for Action
_____
_____

1 **Mother/Wife:** ☐ Payer ☐ Payee ☐ Both ☐ N/A Maiden Name: _____

Name:_____ SSN:_____ Telephone: (____)_____
Last First Middle/Suffix

Mailing Address:_____
Street City State Zip

Residential Address (if different from above):_____

Date of Birth: _____ Place of Birth: _____ Race: _____
State / Foreign Country

Driver's License # / State _____ Occupation: _____

Number of this marriage (1st, 2nd, etc.):_____ Date, City & State of previous marriage(s):_____

2 **Father/Husband:** ☐ Payer ☐ Payee ☐ Both ☐ N/A

Name:_____ SSN:_____ Telephone: (____)_____
Last First Middle/Suffix

Mailing Address:_____
Street City State Zip

Residential Address (if different from above):_____

Date of Birth: _____ Place of Birth: _____ Race: _____
State / Foreign Country

Driver's License # / State _____ Occupation: _____

Number of this marriage (1st, 2nd, etc.):_____ Date, City & State of previous marriage(s):_____

☐ **Other Payee:** If support is to be paid to another payee, check here and complete Part 4.

3 **Names of Children Included in the Support Order**

Last	First	Middle	Date of Birth	Sex	SSN	Residing With **
				M F		M F B O
				M F		M F B O
				M F		M F B O
				M F		M F B O
				M F		M F B O
				M F		M F B O

**M=Mother F=Father
B=Both O=Other

If any of the above-named children are not residing with a parent, list the child's name and address :

_____

_____

(Revised 7/1/99)

4 **Other Payee:**
Name of person/agency owed support if not parent: _____
Last Name or Agency Name First Middle

Mailing Address:_____Telephone: (____)_____
Street City State Zip

Residential Address (if different from above): _____

5 **Protective Order:** Is a party to this action protected from another party to the action by an order of protection? ☐ Yes ☐ No
If yes, enter name(s) of protected party(ies): _____

6 **Employer/Income Source Information:** Provide information about the payer's employment or periodic source of income. (Attach additional pages if needed.)
☐ Check here if this order requires both parties to pay support and skip Parts 6 & 7 and complete Parts 8, 9, 10 & 11.

_____
Name of Employer or Source of Income Telephone

_____
Street City State Zip

7 **Support Order:** Date Order Signed:_____
Check type of support and enter appropriate information If applicable, arrears due at time of order: $ _____

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty*	Fees*	Interest*
						(*list amounts if included in judgment)		
☐ **Child Support:**	$_____	per _____	_____	_____	$_____	$_____	$_____	$_____
☐ **Medical Support:**	$_____	per _____	_____	_____	$_____	$_____	$_____	$_____
☐ **Spousal Support: (Alimony)**	$_____	per _____	_____	_____	$_____	$_____	$_____	$_____

Is payer exempt from income withholding under MCA 40-5-315? ☐ No ☐ Yes ☐ Tribal Order
List any special terms/conditions of the support order(s): _____

_____

Was the mother represented by an attorney? ☐ Yes ☐ No Was the father represented by an attorney? ☐ Yes ☐ No

Information from child support guidelines worksheet:

Mother: "Income after Deductions": $_____ "Credit for Payment of Expenses": $_____
Father: "Income after Deductions": $_____ "Credit for Payment of Expenses": $_____

8 **Health Insurance:** (Attach additional pages if needed.)
Is health insurance provided for the children? ☐ Yes ☐ No (If no, answer last question in this section)
Name and relationship of party providing insurance: _____ Policy No. _____
Name of insurance carrier or health benefit plan: _____
Address of insurance carrier or health benefit plan: _____
Names of children covered:_____
Terms/conditions of coverage: _____
If children are not covered, is coverage available through:
Father's employer? ☐ Yes ☐ No Mother's employer? ☐ Yes ☐ No

9 **This form was completed by:** Name / Title: _____
Telephone: _____ Signature: _____ Date: _____

Complete next page if both parties are ordered to pay child support.
Information contained in this form is private and confidential.
It may only be shared with courts, agencies and individuals authorized by MCA 40-5-923.

Multiple Payers: Complete Parts 10 and 11 only if the order requires both parties to pay support.

10 **Mother's Employer/Income Source Information:** Provide information about the mother's employment or periodic source of income. (Attach additional pages if needed.)

Name of Employer or Source of Income _____ Telephone _____

Street _____ City _____ State _____ Zip _____

Father's Employer/Income Source Information: Provide information about the father's employment or periodic source of income. (Attach additional pages if needed.)

Name of Employer or Source of Income _____ Telephone _____

Street _____ City _____ State _____ Zip _____

11 **Support Order:** Date Order Signed:_____

Mother's Support Obligation If applicable, arrears due at time of order: $ _____

Check type of support and enter appropriate information

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty*	Fees*	Interest*
						(*list amounts if included in judgment)		
☐ **Child Support:**	$_____	per _____	_____	_____	$_____	$_____	$_____	$_____
☐ **Medical Support:**	$_____	per _____	_____	_____	$_____	$_____	$_____	$_____
☐ **Spousal Support: (Alimony)**	$_____	per _____	_____	_____	$_____	$_____	$_____	$_____

Is the mother exempt from income withholding under MCA 40-5-315? ☐ No ☐ Yes ☐ Tribal Order

Father's Support Obligation If applicable, arrears due at time of order: $ _____

Check type of support and enter appropriate information

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty*	Fees*	Interest*
						(*list amounts if included in judgment)		
☐ **Child Support:**	$_____	per _____	_____	_____	$_____	$_____	$_____	$_____
☐ **Medical Support:**	$_____	per _____	_____	_____	$_____	$_____	$_____	$_____
☐ **Spousal Support: (Alimony)**	$_____	per _____	_____	_____	$_____	$_____	$_____	$_____

Is the father exempt from income withholding under MCA 40-5-315? ☐ No ☐ Yes ☐ Tribal Order

List any special terms/conditions of the support order(s): _____

_____

_____

Was the mother represented by an attorney? ☐ Yes ☐ No Was the father represented by an attorney? ☐ Yes ☐ No

Information from child support guidelines worksheet:

Mother: "Income after Deductions": $_____ "Credit for Payment of Expenses": $_____

Father: "Income after Deductions": $_____ "Credit for Payment of Expenses": $_____