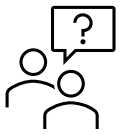
How to File a Joint Petition for Parenting

Information Not Legal Advice

How to File a Joint Petition for Parenting is information only. The information is not legal advice. This information is written based on Montana Law and only applies to Parenting Plans in Montana. The information is not guaranteed to be up to date. The information can't replace advice from an attorney.

NEED HELP? There are resources available.



The Court Help Program. The Court Help Program assists people representing themselves in court. There are Court Help Centers (sometimes called Self-Help Law Centers) located throughout the state to assist you on a walk-in basis and remote appointments are available if your local courthouse does not have a Court Help Center. Court Help staff are not lawyers and cannot provide legal advice. Staff are informed about the court process and can answer questions as well as review your forms for completeness. Find Court Help services near you: https://courts.mt.gov/SelfHelp/ or call 406-444-9300.

Montana Legal Services Association. Montana Legal Services Association provides free civil legal assistance to low-income Montanans. If you qualify, Montana Legal Services Association may be able to connect you with a variety of services. Visit www.MontanaLawHelp.org or call MLSA at 1-800-666-6899.

State Bar of Montana. If you are interested in hiring an attorney to advise or represent you, the State Bar Lawyer Referral Service has a list of attorneys all over Montana. The Lawyer Referral Service is available at www.montanabar.org.

Are these forms right for me?

These forms are the right forms for you if you have children, are not married, and agree on parenting arrangements.

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What is the Process?

NOTE: The steps for filing for a Parenting Plan may be slightly different in your judicial district. Check with the Clerk of District Court at your county courthouse for local requirements.

STEP ONE: File your completed forms at the Clerk of District Court.

If you are not married, have children from the relationship, and agree on everything, this is the right packet for you. Your completed forms are also called "court documents." Court documents for a Joint Parenting Plan are filed with the Clerk of District Court in the county where you or your children live.

Here is a list of the forms you complete and file with the Clerk of District Court to start your case. Together, these may be referred to as a "completed forms packet."

Forms Checklist for the Clerk of District Court:



- □ **Statement of Inability to Pay Court Costs and Fees MP-001.** Use this form if you can't afford to pay the court fees. This form may be different based on your local Court preferences, and you can contact a local Court Help Program or Clerk of District Court for that information.
- □ **Joint Petition for Parenting MP-123.** This is the formal request for the Court to order a parenting plan for your children**.**
- □ **Request for a Final Hearing on Parenting Plan MP-123.1**
- □ **Court Order on Final Hearing for Parenting Plan MP-123.2** (You will fill out only the header and the rest will be filled out by the Court)
- □ **Joint Proposed Parenting Plan MP-320.** This is your proposal for parenting time for the Court to review.
- □ **Montana Vital Statistics Form**
- □ **Decree of Joint Parenting Plan MP-723.** You will fill out only the header and leave the rest for the Court to complete.



Once the forms are completed, make three sets of copies, four in total. Take the original forms to the Clerk of District Court office. The original set of forms will be kept by the Clerk of Court. One copy you will send to the Department of Public Health and Human Services in Step Two. One copy you will keep for yourself and the other copy is for the other parent. If you have to provide notice to other parties you will need additional copies.

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STEP TWO: Serve the Department of Health and Human Services.

If you or the other parent receives Title IV-D services (aka Temporary Assistance to Needy Families (TANF)) or have a case with the Child Support Services Division (CSSD), you must serve the Department of Health and Human Services (DPHHS) by mailing or delivering to the nearest Child Support Services Division office these documents:

- □ Joint Petition for Parenting **MP-123**
- □ Joint Proposed Parenting Plan **MP-320**
- □ Notice and Acknowledgement to CSSD **MP-430**
  Complete the first 2 pages of **MP-430** with your own information. Page 3 is mostly completed by the Department. On page 4, fill out the top portion with the Judicial District, County, names of the parties, and the case number. Also fill in the address for the Clerk of Court on the last page. Either Petitioner can mail this document and fill out the Certificate of Service.
- □ An envelope with a stamp, addressed to the local Clerk of District Court.



STEP THREE: Attend your final hearing.

You should receive a scheduling order within 120 days of filing with the Clerk of District Court. Attending your hearing is very important. This is when the Judge will make decisions on your case. If either party is unable to attend the hearing, they may file a *notarized* **MP-130 Consent to Entry of Decree**. The Court will indicate that the proposed parenting plan is final by signing the bottom of the forms.

Ask the Clerk of Court's office for a copy of your final Parenting Decree and Court Ordered Parenting Plan. You can make extra copies of your Parenting Plan for day care providers, schools, and law enforcement.

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail

☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2

MONTANA ____JUDICIAL DISTRICT COURT, _____ COUNTY

_____ Petitioner/Co-Petitioner 1, and _____ Respondent/Co-Petitioner 2	**Case No:** _____ *(leave blank, the clerk will write in)* **Statement of Inability to Pay Court Costs and Fees**

I have a good cause of action or response but am unable to pay filing or other court fees. I request the court waive the costs and fees. I provide the following information.

My full legal name is: _____.

Birth month: _____ year: _____.

Choose One:

☐ I am represented by an entity that provides free legal services to low-income persons.

OR

☐ I am represented by a volunteer/pro bono attorney, and am financially eligible for free legal services. (*Attach a certificate of eligibility from legal aid organization to this form.*)

OR

☐ I receive one or more of these benefits: (*Check the box for <u>each</u> benefit you receive*.)

☐ SNAP ☐ TANF ☐ SSI ☐ Medicaid ☐ WIC ☐ LIHEAP

If you checked any one of the three boxes above, skip to the end of this form, and sign the declaration on page 3. You don't need to fill out the remainder of the form.

If you did not check a box above, you may still qualify for a fee waiver. Please continue to fill out pages 2 and 3 of this form so the court has the information it needs to decide if you qualify for the fee waiver.

These forms are free for non-commercial use.
If you paid for these forms, ask for your money back.

I. INCOME

What do you do for work? _____ Who is your employer? _____

What is your household's annual income, before taxes? _____ How many people are in your household? ___
(*The tables below will help you answer these questions, if you are not sure what to put in the blanks.*)

If you are unemployed, when were you last employed (Month, Year)? _____ Your job? _____

Are you married? ☐ Yes ☐ No ☐ Separated ☐ Getting Divorced NOTE: If you are not married, if you and your spouse are separated, or if one of you is filing for dissolution of marriage, you do not need to provide your spouse's income below.

Fill in the chart below with the income received by you, and by your spouse, if applicable. Put a "0" in each blank if you or your spouse don't receive the income listed.

Income Sources	**Amount YOU receive per month *before* taxes**	**Amount YOUR SPOUSE receives per month *before* taxes**
Employment	$	$
Retirement/Pension	$	$
Workers' Compensation	$	$
Social Security	$	$
Unemployment	$	$
Government Benefits	$	$
Child Support Received	$	$
A person or agency pays my rent or other monthly expenses and the amount is: _____	$	$
Other Income—e.g., rental income, stocks, investments, etc.—describe: _____	$	$
Total here:	$	$

What is your household size? How many persons, if any, depend on you financially? If none, then write "N/A" below. Attach another page if needed and check here to tell the court you attached another page: ☐

Dependents (Initials Only)	**Age**	**Relationship to You**
1.		
2.		
3.		
4.		
5.		

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If you paid for these forms, ask for your money back.

II. ASSETS (*Complete this Section to the best of your ability.*)

What property do you and your spouse own? Include your spouse's property if you are married and not separated and not filing for dissolution. Fill in the chart below, only listing items that you could sell for $600 or more. If you don't own an item listed, write "N/A" in the "Value" column for that item. "Value" means the total amount the item(s) identified in a column would sell for, minus the amount you still owe on the item(s), if anything.

Asset	Value
Cash (This includes the money in your savings and checking accounts)	$
Vehicle 1: provide year, make and model _____	$
Vehicle 2: provide year, make and model _____	$
Home where you live now	$
Real estate or other homes/mobile homes (Not including the home you are living in now)	$
Recreational vehicle(s) such as snowmobile, ATV, camper/RV, boat, motorcycle, etc.	$
Guns or other collections	$
Other Item(s) worth more than $600—describe: _____	$

III. DEBTS AND EXTRAORDINARY EXPENSES (*Complete this Section to the best of your ability.*)

What bills do you and your spouse pay each month? Fill in the chart below.

Monthly Expenses	Value
Housing Expense: Mortgage or Rent	$
General Household Expenses: Utilities, Phone/Internet/Cable, etc.	$
Insurance Expenses, Healthcare Costs and/or Medical Debt(s)	$
Childcare Expenses	$
Other Extraordinary Expenses: e.g., Collection actions, Student Loans—describe:	$

IV. ADDITIONAL INFORMATION *(This Section is optional.)*

If you have additional information that you want the court to consider about your inability to pay court costs, write that information under your signature below or attach an extra page. Check here if you attached another page: ☐

V. DECLARATION *(This Section is Required.)*

I declare under penalty of perjury and under the laws of the State of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.

Date: _____ City: _____ State: _____

Your Signature: _____

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If you paid for these forms, ask for your money back.

Court Use Only

MONTANA ____ JUDICIAL DISTRICT COURT _____ COUNTY

_____ Petitioner/Co-Petitioner 1, and _____ Respondent/Co-Petitioner 2	**Case No:** _____ (*leave blank, the clerk will write in)* **Order Regarding Statement of Inability to Pay Court Costs**

Warning! Read carefully the section checked below.
It is a court order.

☐ Waiver of court costs is **Granted**. Declarant shall proceed without payment of court fees or costs.

☐ Temporary Waiver of court costs is **Granted**. Declarant may file without payment of court fees or costs, but the Court may determine at a later time that the declarant has the ability to pay all fees or costs and will require declarant to do so.

☐ Temporary Waiver of fees is **Granted**. Declarant may file without payment of court fees or costs, but must appear before the Court at _____ a.m/p.m. on the _____ day of _____ and show cause why the declarant lacks the ability to pay all fees or costs.

Warning! If this third box is checked, you must come to court on the date ordered above. If you don't come, the judge will deny your request to waive court costs, and you will have to pay the court costs.

☐ Waiver of Fees and costs is **Denied**. Waiver is denied based on the following:

_____

_____

_____

Ordered this _____ day of _____, 20_____.

_____
Presiding Judge or Standing Master

_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail

☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2

MONTANA ____JUDICIAL DISTRICT COURT, _____ COUNTY

_____ Petitioner/Co-Petitioner 1, and _____ Respondent/Co-Petitioner 2	**Case No:** _____ *(leave blank, the clerk will write in)* **Statement of Inability to Pay Court Costs and Fees**

I have a good cause of action or response but am unable to pay filing or other court fees. I request the court waive the costs and fees. I provide the following information.

My full legal name is: _____.

Birth month: _____ year: _____.

Choose One:

☐ I am represented by an entity that provides free legal services to low-income persons.

OR

☐ I am represented by a volunteer/pro bono attorney, and am financially eligible for free legal services. (*Attach a certificate of eligibility from legal aid organization to this form.*)

OR

☐ I receive one or more of these benefits: (*Check the box for <u>each</u> benefit you receive*.)

☐ SNAP ☐ TANF ☐ SSI ☐ Medicaid ☐ WIC ☐ LIHEAP

If you checked any one of the three boxes above, skip to the end of this form, and sign the declaration on page 3. You don't need to fill out the remainder of the form.

If you did not check a box above, you may still qualify for a fee waiver. Please continue to fill out pages 2 and 3 of this form so the court has the information it needs to decide if you qualify for the fee waiver.

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I. INCOME

What do you do for work? _____ Who is your employer? _____

What is your household's annual income, before taxes? _____ How many people are in your household? ___
(*The tables below will help you answer these questions, if you are not sure what to put in the blanks.*)

If you are unemployed, when were you last employed (Month, Year)? _____ Your job? _____

Are you married? ☐ Yes ☐ No ☐ Separated ☐ Getting Divorced NOTE: If you are not married, if you and your spouse are separated, or if one of you is filing for dissolution of marriage, you do not need to provide your spouse's income below.

Fill in the chart below with the income received by you, and by your spouse, if applicable. Put a "0" in each blank if you or your spouse don't receive the income listed.

Income Sources	**Amount YOU receive per month *before* taxes**	**Amount YOUR SPOUSE receives per month *before* taxes**
Employment	$	$
Retirement/Pension	$	$
Workers' Compensation	$	$
Social Security	$	$
Unemployment	$	$
Government Benefits	$	$
Child Support Received	$	$
A person or agency pays my rent or other monthly expenses and the amount is: _____	$	$
Other Income—e.g., rental income, stocks, investments, etc.—describe: _____	$	$
Total here:	$	$

What is your household size? How many persons, if any, depend on you financially? If none, then write "N/A" below. Attach another page if needed and check here to tell the court you attached another page: ☐

Dependents (Initials Only)	**Age**	**Relationship to You**
1.		
2.		
3.		
4.		
5.		

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II. ASSETS (*Complete this Section to the best of your ability.*)

What property do you and your spouse own? Include your spouse's property if you are married and not separated and not filing for dissolution. Fill in the chart below, only listing items that you could sell for $600 or more. If you don't own an item listed, write "N/A" in the "Value" column for that item. "Value" means the total amount the item(s) identified in a column would sell for, minus the amount you still owe on the item(s), if anything.

Asset	Value
Cash (This includes the money in your savings and checking accounts)	$
Vehicle 1: provide year, make and model _____	$
Vehicle 2: provide year, make and model _____	$
Home where you live now	$
Real estate or other homes/mobile homes (Not including the home you are living in now)	$
Recreational vehicle(s) such as snowmobile, ATV, camper/RV, boat, motorcycle, etc.	$
Guns or other collections	$
Other Item(s) worth more than $600—describe: _____	$

III. DEBTS AND EXTRAORDINARY EXPENSES (*Complete this Section to the best of your ability.*)

What bills do you and your spouse pay each month? Fill in the chart below.

Monthly Expenses	Value
Housing Expense: Mortgage or Rent	$
General Household Expenses: Utilities, Phone/Internet/Cable, etc.	$
Insurance Expenses, Healthcare Costs and/or Medical Debt(s)	$
Childcare Expenses	$
Other Extraordinary Expenses: e.g., Collection actions, Student Loans—describe:	$

IV. ADDITIONAL INFORMATION *(This Section is optional.)*

If you have additional information that you want the court to consider about your inability to pay court costs, write that information under your signature below or attach an extra page. Check here if you attached another page: ☐

V. DECLARATION *(This Section is Required.)*

I declare under penalty of perjury and under the laws of the State of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.

Date: _____ City: _____ State: _____

Your Signature: _____

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Court Use Only

MONTANA ____ JUDICIAL DISTRICT COURT _____ COUNTY

_____ Petitioner/Co-Petitioner 1, and _____ Respondent/Co-Petitioner 2	**Case No:** _____ (*leave blank, the clerk will write in)* **Order Regarding Statement of Inability to Pay Court Costs**

Warning! Read carefully the section checked below.
It is a court order.

☐ Waiver of court costs is **Granted**. Declarant shall proceed without payment of court fees or costs.

☐ Temporary Waiver of court costs is **Granted**. Declarant may file without payment of court fees or costs, but the Court may determine at a later time that the declarant has the ability to pay all fees or costs and will require declarant to do so.

☐ Temporary Waiver of fees is **Granted**. Declarant may file without payment of court fees or costs, but must appear before the Court at _____ a.m/p.m. on the _____ day of _____ and show cause why the declarant lacks the ability to pay all fees or costs.

Warning! If this third box is checked, you must come to court on the date ordered above. If you don't come, the judge will deny your request to waive court costs, and you will have to pay the court costs.

☐ Waiver of Fees and costs is **Denied**. Waiver is denied based on the following:

_____

_____

_____

Ordered this _____ day of _____, 20_____.

_____
Presiding Judge or Standing Master

_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail
☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA ____ JUDICIAL DISTRICT COURT _____ COUNTY

In the Parenting of:_____
(minor children's initials)

_____,
Co-Petitioner 1

and

_____,
Co-Petitioner 2

Case No: _____
(Leave blank, the clerk will write in)

Joint Petition for Parenting Plan

1. Co-Petitioner 1 Information:

Name First: _____ Middle:_____ Last:_____

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ County: _____

Physical Address: _____

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City: _____ State: _____ County: _____

Year of Birth:____ Age: ____ Occupation: _____

How long have you lived in this county? _____

How long have you lived in Montana? _____

2. Co-Petitioner 2 Information:

Name First: _____ Middle:_____ Last:_____

E-mail Address (optional): _____

Mailing Address: _____

City: _____ State: _____ County: _____

Physical Address: _____

City: _____ State: _____ County: _____

Year of Birth:____ Age: ____ Occupation: _____

How long have they lived in this county? _____

How long have they lived in Montana? _____

3. Pregnancy. *(Choose one)*

☐ Neither petitioner is pregnant

OR

☐ One petitioner is pregnant, and the other petitioner is the other parent of the pregnancy

OR

☐ One petitioner is pregnant, and the other petitioner is not the other parent of the pregnancy

Notice: A parenting plan must be filed after the child is born if one petitioner is pregnant and the other petitioner is the other parent, or the other parent is

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unknown.

4. List all minor children of the relationship, including those born to or adopted by both parties:

Initials	Age	Birth Year	Minor primarily lives with:
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other

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5. Child(ren) residence(s).

State law requires this information. You can find this law at §40-7-110, M.C.A. Start with the children's current address. Give the information for the past 5 years. If you don't know the individual's current address, write "not known" next to their name.

Children's Initials	Address	Starting MM/YY	Ending MM/YY	List all people living at this location, their relationship with child, and current address
			Still lives here	

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6. Jurisdiction of the Children. (Choose the most accurate description.)

☐ Our child(ren) lived in Montana for at least 6 consecutive months immediately before this case was filed. This makes Montana our child(ren)'s home state. If a child(ren) is less than six months old, the child(ren) lived in Montana since birth.

OR

☐ Montana was the home state of the child(ren) within six months of this case being filed, and one parent continues to reside in Montana.

OR

☐ The child(ren) and one parent have significant connections with Montana and substantial evidence about them is in Montana.

OR

☐ The child(ren) are physically present in Montana and have been abandoned, the child(ren) are with a caretaker relative who was given custody, or an emergency exists requiring the child(ren)'s protection.

OR

☐ No other state has jurisdiction over the child(ren) or the other state has declined jurisdiction over the children.

7. Other Court Cases. *(Choose One)*

State law requires this information. You can find this law at § 40-7-110, M.C.A.

☐ I don't know of any other court case that could affect this one.

OR

☐ There are other court cases that could affect this one. Here is the list:

The first court case is:

☐ Order of Protection ☐ Criminal case ☐ Adoption ☐ Guardianship

☐ Child and Family Services ☐ Other: *(describe)*

_____

Court: _____ Case No: _____

☐ I participated as a ☐party ☐witness ☐other: _____

☐ I didn't participate.

The second court case is:

☐ Order of Protection ☐ Criminal case ☐ Adoption ☐ Guardianship

☐ Child and Family Services ☐ Other: *(describe)*

_____

Court: _____ Case No: _____

☐ I participated as a ☐party ☐witness ☐other: _____

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☐ I didn't participate.

☐ There are more court cases. *(Fill out and paper clip **Form MP-113-E** to this document)*

8. Other people. (*Choose one)*

☐ I don't know of any other person who has physical custody or claims to have physical custody or to have visitation rights with a child listed in this petition.

OR

☐ Here is a list of people who have physical custody or claim to have physical custody or visitation rights with a child listed in this petition:

Person's Name	Address	Child's initials	Description
			☐ Has physical custody ☐ Claims physical custody ☐ Claims visitation rights
			☐ Has physical custody ☐ Claims physical custody ☐ Claims visitation rights
			☐ Has physical custody ☐ Claims physical custody ☐ Claims visitation rights

NOTICE: Petitioners must give notice of this case to anyone on the above list.

9. Parenting Plan. It is in the best interest of our child(ren) that this court adopt our proposed parenting plan including parenting time, child support, and medical support. We have completed and filed a Joint Proposed Parenting Plan MP-320 with the Court.

NOTICE: Form MP-320 MUST BE FILED ALONG WITH THIS PETITION

a. Petitioners request the Court to schedule a hearing and issue the final parenting decree and for any other relief this court decides is just and proper**.**

Other:

_____

_____

_____

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_____

_____

_____

We declare under penalty of perjury and under the laws of the state of Montana that the information in this document is true and correct. We understand that it is a crime to give false information in this document.

Dated this _____day of _____, 20_____.

Sign Here: _____ Sign Here: _____

Print Name: _____ Print Name: _____
Co-Petitioner 1 Co-Petitioner 2

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail
☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA _____ JUDICIAL DISTRICT COURT_____ COUNTY

In the Parenting of:_____ (minor children's initials) _____, Co-Petitioner 1 and _____, Co-Petitioner 2	**Case No:** _____ **Request for Final Hearing on Joint Parenting Plan**

We ask the court to hold a final hearing to resolve our case.

a. Petitioners have filed all the necessary information with the Court, and we agree on all issues.

b. Petitioners have submitted to the Court a **Proposed Parenting Plan and Child Support Request MP-320**. We understand that we cannot expect the Court to order child support payments that we have not asked for in our petition and proposed parenting plan. If we have requested $0, this is still considered a request of the Court for that amount

c. We request that the Court *(Choose one)*

☐ Issue an order setting a final hearing.

OR

☐ Waive our final hearing

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These forms are free for non-commercial use.
If you paid for these forms, ask for your money back.

We declare under penalty of perjury and under the laws of the state of Montana that the information in this document is true and correct. We understand that it is a crime to give false information in this document.

Dated this _____day of _____, 20__.

Sign Here: _____ Sign Here: _____

Print Name: _____ Print Name: _____

Co-Petitioner 1 Co-Petitioner 2

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MONTANA ____ JUDICIAL DISTRICT COURT_____ COUNTY

In the Parenting of:_____ (Children's initials) _____, Co-Petitioner 1 and _____, Co-Petitioner 2	**Case No:** _____ *(Fill in your Case Number)* **Court Order for Final Hearing on Joint Parenting Plan**

(The rest of this form will be completed by the Court)

IT IS HEREBY ORDERED:

1. **Schedule.** The Court sets the final hearing in this matter as follows:

   Date: _____

   Time: _____

   Location: _____

   _____

The parties are to appear at the hearing as scheduled above.

OR

☐ Will not be scheduled because (***Choose all that apply***):

☐ Proposed Child Support Order or Child Support Guidelines Calculation is not satisfactory for the Court's consideration.

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☐ (Optional) The Court has noted within the record:_____

_____

_____

_____.

2. Compliance. (*Choose One)*

☐ Parties must comply with this order as follows:

_____

_____

_____. Once parties have complied, either party may file a new **MP-123.1** Request for a Hearing.

☐ The Court expects both parties to attend the hearing.

☐ The Court expects only ☐ Co-Petitioner 1 or ☐ Co-Petitioner 2 to attend the hearing and a **MP-130** Consent to Entry of Decree has been filed by the other party.

DATED this _____ day of _____, 20_____.

_____
DISTRICT COURT JUDGE

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If you paid for these forms, ask for your money back.

_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail
☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA ____ JUDICIAL DISTRICT COURT_____ COUNTY

In the Parenting or Marriage of: _____
(children's initials *if parenting plan)*

_____,
Co-Petitioner 1

and

_____,
Co-Petitioner 2

Case No: _____
(Fill in your Case Number)

Consent to Entry of Decree

The ☐Co-Petitioner 1 **OR** ☐Co-Petitioner 2 hereby consents to the entry of a Final Decree in the above-entitled case and waives their right to appear and testify at the final hearing on this matter. All outstanding issues between the parties have been resolved.

I declare under penalty of perjury and under the laws of the State of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.

DATED this _____ day of _____, 20____.

_____
☐Co-Petitioner 1 **OR** ☐Co-Petitioner 2

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_____
Name

_____
Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail Address

MONTANA ____ JUDICIAL DISTRICT COURT _____ COUNTY

In the Parenting/Marriage of: _____, ☐ Petitioner / ☐ Co-Petitioner 1 and _____, ☐ Respondent / ☐ Co-Petitioner 2	**Case No:** _____ *(Fill in with your Case Number)* **Sensitive Data Form**

COMES NOW _____ [full name] to disclose the confidential information protected under Mont. R. Civ. P. 5.2 of the Montana Code of Civil Procedure. Pursuant to Montana Rule of Civil Procedure 5.2(f), this document shall be filed under seal.

1. The full legal names and dates of birth of the Petitioner/Co-Petitioner 1 and Respondent/Co-Petitioner 2 are:

	Full Legal Name	Date of Birth
Petitioner / Co-Petitioner 1		
Respondent / Co-Petitioner 2		

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2. The full legal names and dates of birth of the child(ren) are:

Initials of Child Used in Court Documents	Full Legal Name	Date of Birth

Dated this ____ day of _____, 20____.

Signature: _____ Signature: _____

☐ Petitioner / ☐ Co-Petitioner 1 ☐ Respondent / ☐ Co-Petitioner 2

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail

☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA _____ JUDICIAL DISTRICT COURT_____ COUNTY

In the Parenting or Marriage of:_____ (minor children's initials) _____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Case No:** _____ **Joint Proposed Parenting Plan**

1. Identification of the Parties

A. Co-Petitioner 1

Name: _____

Address: _____

B. Co-Petitioner 2

Name: _____

Address: _____

2. Identification of the Child(ren). This parenting plan applies to the following minor child(ren) of the parties:

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Child's Initials	Age and Birth Year	State of residence for last 6 months

3. Objectives of the Parenting Plan.

a. To protect the best interest(s) of the minor child(ren).
b. To provide for the physical care of the minor child(ren).
c. To maintain the child(ren)'s emotional stability and minimize the child(ren)'s exposure to parental conflict.
d. To provide for the minor child(ren)'s changing needs as they grow and mature.
e. To set forth the authority and responsibilities of each parent with respect to the minor child(ren).
f. To help the parents avoid expensive future court battles over the minor child(ren).

4. Residential Schedules for the Child(ren). Paragraphs 4(a) through 4(i) will help you fill out a parenting plan. You can write your own plan in paragraph 4(j).

a. Pre-School Schedule. Pre-school age means children who are not old enough to start kindergarten. ***(Choose One)***

☐ All child(ren) are school age.
OR
☐ There are pre-school age child(ren), but the school schedule in paragraph 4(b) below applies to all children regardless of their age(s).
OR
☐ Before they are old enough to start school, the child(ren) will live mostly with Co-Petitioner 1, except for the following days and times when the other parent will have parenting time with the child(ren):

_____
_____
_____
_____
_____
OR

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☐ Before they are old enough to start school, the child(ren) will live mostly with Co-Petitioner 2, except for the following days and times when the other parent will have parenting time with the child(ren):

_____
_____
_____
_____
_____

OR

☐ Describe the schedule on what day and time the child(ren) will be with each parent before they are old enough to start school:

_____
_____
_____
_____
_____

b. School Schedule. Applies to child(ren) old enough to be in school. When they start school, the child(ren) will live mostly with *(Choose one)*

☐ The child(ren) will live mostly with Co-Petitioner 1, except for the following days and times when the other parent will have parenting time with the child(ren):

_____
_____
_____
_____
_____

OR

☐ The child(ren) will live mostly with Co-Petitioner 2, except for the following days and times when the other parent will have parenting time with the child(ren):

_____
_____
_____
_____
_____

OR

☐ Describe the schedule on what day and time the child(ren) will be with each parent when they are old enough to start school:

_____
_____
_____
_____
_____

c. Holiday and Special Occasion Schedule *(Choose One)*

☐ No holiday and special occasion schedule applies. The school schedule in paragraph 4(b) or pre-school schedule in paragraph 4(a) will be followed by both

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parents.

OR

☐ The schedule for holidays and special occasions is:

_____

_____

_____

_____

OR

☐ The schedule listed in the chart below: (In blank space next to the holiday specify: Every, Odd or Even Numbered Years):

HOLIDAY	Co-Petitioner 1 _____ (NAME)	Co-Petitioner 2 _____ (NAME)
Thanksgiving (Wed. 5:30 p.m. – Sun. 7:00 p.m.)		
First Half of Winter Vacation (includes Christmas) (5:30 p.m. day school lets out to noon of half-way mark)		
Second Half of Winter Vacation (includes New Year's) (Noon of half-way mark to 7:00 p.m. of last day of break)		
Easter Weekend (Fri. 5:30 p.m. – Sun. 7:00 p.m.)		
Memorial Day Weekend (Fri. 5:30 p.m. – Mon. 7:00 p.m.)		
Labor Day Weekend (Fri. 5:30 p.m. – Mon. 7:00 p.m.)		
Fourth of July (specify times) Times		
Halloween (specify times) Times:		
Mother's Day Weekend (Fri. 5:30 p.m. – Sun. 7:00 p.m.)		
Father's Day Weekend (Fri. 5:30 p.m. – Sun. 7:00 p.m.)		
Child(ren)'s Birthday(s)		
Co-Petitioner 1's Birthday		
Co-Petitioner 2's Birthday		

d. Winter Vacation:

Describe the time the child(ren) will spend with each parent over winter vacation if not listed in the holiday above:

_____

_____

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_____
_____

e. Summer Vacation *(Choose One)*:

☐ No summer vacation schedule applies. The school schedule in paragraph 4(b) or pre-school schedule in paragraph 4(a) will be followed by both parents.

OR

☐ The child(ren) will live with Co-Petitioner 1 during summer vacations, except for these days and times when the child(ren) will spend time with the other parent:

_____
_____
_____

OR

☐ The child(ren) will live with Co-Petitioner 2 during summer vacations, except for these days and times when the child(ren) will spend time with the other parent:

_____
_____
_____

OR

☐ Describe the time the child(ren) will spend with each parent over summer vacation:

_____
_____
_____

f. Spring Break *(Choose One):*

☐ No Spring Break schedule applies. The school schedule in paragraph 4(b) or pre-school schedule in paragraph 4(a) will be followed by both parents.

OR

☐ The child(ren) will live with Co-Petitioner 1 during Spring Break, except for these days and times when the child(ren) will spend time with the other parent:

_____
_____
_____

OR

☐ The child(ren) will live with Co-Petitioner 2 during Spring Break, except for these days and times when the child(ren) will spend time with the other parent:

_____
_____
_____

OR

☐ Describe the time the child(ren) will spend with each parent over Spring Break:

_____
_____
_____

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g. Other Vacations with Parents

Describe the time the child(ren) will spend with each parent for any other vacations:

_____
_____
_____

h. Priorities under the Residential Schedule

School attendance takes priority over the holiday and special occasion schedule. The child(ren) must attend school and then follow the holiday and special occasion schedule.

If the schedules in this Parenting Plan say the child(ren) are with both parents at the same time for a time other than school, to figure out where the child(ren) should be, the parents will *(Choose One):*

☐ Follow the schedules in this order: (1 is most important 4 is least important)

__ Holidays and Special Occasion
__ Winter/Summer/Spring Break
__ Other Vacations with Parents
__ Pre School Schedule

OR

☐ Other:

_____
_____
_____

i. Supervised and Limited Visitation *(Choose One)*:

☐ The residential schedules listed above are not limited or restricted.

OR

☐ The residential schedule above is restricted as follows. (*Choose One*) ☐ Co-Petitioner 1, ☐ Co-Petitioner 2, or ☐ both parents parenting time shall be supervised or limited because he/she has exhibited the following behavior which is not in the best interest(s) of the minor child(ren):

_____
_____
_____

It is in the best interest(s) of the minor child(ren) that the parent(s) mentioned above be subject to the following conditions:

_____
_____
_____

How Often/ For How Long:

_____

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_____
_____

Where:

_____
_____
_____

Supervised by Whom (optional):

_____
_____
_____

The supervised and limited visitation conditions shall take priority over any other terms of the residential schedule above.

If the parent(s) mentioned above have completed the following and has followed through with any and all recommendations by the evaluator, treatment counselor, and/or other professional recommendations, the other parent agrees to consider a modification to allow less restricted visitation after _____ months of supervised and limited visitation. *(Check all that apply)*

☐ Alcohol / drug evaluation
☐ Substance abuse treatment
☐ Psychological evaluation
☐ Anger management counseling
☐ Parenting classes
☐ Other: _____.
☐ Other: _____.

OR

☐ Other:

_____
_____
_____

j. The options provided in 4(a)-(i) above are not in the best interest of my child(ren). The residential schedule proposed is as follows:

_____
_____
_____
_____
_____
_____
_____

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5. **Benefit Programs.** Some state and federal benefit programs require one parent be designated custodian. This doesn't affect parenting rights or responsibilities. It only affects which parent may include the child(ren) when they apply for benefits. For the purposes of state and federal benefit programs that require a designation of custodian *(Choose One):*

☐ Co-Petitioner 1 is designated custodian.

OR

☐ Co-Petitioner 2 is designated custodian.

OR

☐ Other *(specify)*:

_____

6. Taxes. Each parent will fill out the necessary tax forms to claim our children as dependents for income tax purposes. This arrangement will begin in the tax year our parenting plan is signed by the court.

Co-Petitioner 1 will claim all our children as dependents on their income taxes as follows *(Choose One):*

☐ every tax year

☐ in odd-numbered tax years

☐ in even numbered tax years

☐ Other *(specify)*: _____

Co-Petitioner 2 will claim all our children as dependents on their income taxes as follows *(Choose One):*

☐ every tax year

☐ in odd-numbered tax years

☐ in even numbered tax years

☐ Other *(specify)*: _____

7. Transportation.

a. The children will be transported from one parent to the other parent by *(Choose One)*

☐ The parent whose parenting time is ending

OR

☐ The parent whose parenting time is beginning

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b. Unless both parents agree, the parents will meet to drop off and pick up the child(ren) at this place:

_____

_____

_____

c. If there is a cost to get the child(ren) from one parent to the other, this is how the cost will be paid:

_____

_____

_____

d. If a parent is more than ____ minutes late to pick up the child(ren), the parenting time will be canceled.

8. Passports. For our children who do not have a passport, either parent may be able to apply for a passport for any of our children. The other parent shall cooperate by consenting to the issuance of this passport. For our children that have a passport, it belongs to them. The custodian of passports will be ☐ Co-Petitioner 1 OR ☐ Co-Petitioner 2.

Other Provisions *(specify)*:

_____

_____.

9. Travel with the Child(ren). *(Choose all that apply)*

☐ Both parents may travel freely in the State of Montana with our children. This travel must be in keeping with our parenting time schedule.

☐ Both parents must notify the other parent when they are traveling out of the State of Montana with the child(ren) and provide an itinerary.

☐ Other *(specify)*

_____

_____.

10. Telephone Contact. *(Choose One)*

☐ While the child(ren) are with one parent, the other parent may speak with the child(ren) at reasonable times.

OR

☐ While the child(ren) are with one parent, the other parent may only speak with the child(ren) at the following times:

_____

_____

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11. Co-Parenting *(Choose all that apply)*

☐ Each parent shall promote a healthy, beneficial relationship between the child(ren) and the other parent and shall not demean or speak out negatively in any manner that would damage the relationship between either parent and the child(ren).

☐ Each parent will notify the other parent at least _____ days in advance if the parent needs to miss or reschedule parenting time. The missed time will be rescheduled if both parents agree. Both parents are expected to be reasonable in rescheduling parenting time.

☐ Each parent will provide separate clothes for the child(ren) at their own residence, unless mutually agreed to by both parents. In the cold months of the year, both parents are required to have adequate boots, gloves, hats, and jackets for the child(ren), unless mutually agreed to by both parents.

☐ If a parent plans a special activity that requires clothing and/or equipment that would normally not be with the child(ren), it is that parent's responsibility to check to see if the child(ren) have such clothing and/or equipment with the other parent, to ask that the clothing and/or equipment travels with the child(ren), and to ensure that the clothing and/or equipment is returned with the child(ren).

☐ Each parent will be responsible for ensuring that the child(ren) attend regularly scheduled activities, including but not limited to sports and extra-curricular activities, while the child(ren) are with that parent.

☐ Neither parent will permit the child(ren) to be subjected to:
(Choose all that apply)

- ☐ Persons abusing alcohol or using illegal drugs within 24 hours of contact with the child(ren). This includes the abuse of alcohol or the use of illegal drugs by the parent.
- ☐ Smoking environment.
- ☐ Use of profane language.
- ☐ Removal of the child(ren) from Montana, except as authorized by the Court or mutually agreed to by both parents.
- ☐ Other: _____
- ☐ Other: _____

☐ Relationships between the child(ren) and relatives and family friends on both sides of the family will be protected and encouraged. The parents will have their child(ren) maintain ties with both the maternal and paternal relatives.

12. Decision Making *(Choose and complete one option – either A, B, C, or D):*

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A. ☐ Both parents have the right to make emergency decisions affecting the health or safety of our children. We have the right to make decisions about the day-to-day care and control of our children while they are with us.

i. We will make major decisions about our children's education together. If we cannot agree, the decision will be made by:
_____.

ii. We will make major decisions about our children's non-emergency health care together. If we cannot agree, the decision will be made by:
_____.

iii. We will make major decisions about our children's spiritual development together. If we cannot agree, the decision will be made by:
_____.

iv. We will make major decisions about our children's extra-curricular activities together. If we cannot agree, the decision will be made by:
_____.

B. ☐ Co-Petitioner 1 will be the sole decision maker about major decisions for our children's lives, including education, non-emergency health care, spiritual development, and extra-curricular activities. This is in our children's best interest because:
_____
_____
_____.

C. ☐ Co-Petitioner 2 will be the sole decision maker about major decisions for our children's lives, including education, non-emergency health care, spiritual development, and extra-curricular activities. This is in our children's best interest because:
_____
_____
_____.

D. ☐ Other *(specify)*:
_____
_____
_____.

13. Consent. The consent of both parents shall be required before any minor child(ren) shall be permitted to: *(Choose all that apply)*

☐ Get a tattoo
☐ Pierce any body part
☐ Marry
☐ Enlist in the armed services

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☐ Other: _____
☐ Other: _____
☐ Other: _____

14. Emergency Decisions

Regardless of the allocation of decision making in this parenting plan, each parent shall be authorized to make emergency decisions affecting the health or safety of the child(ren).

15. Access to Information

As required by M.C.A. §40-4-225, both parents shall have access to all information relating to their child(ren) including, but not limited to, school records, law enforcement, counseling records, medical and dental records.

As required by M.C.A. §40-4-204(6)(a), both parents shall update each other and the Court with written notice of changes to the following information:

(i) Residential and mailing addresses;
(ii) Telephone number;
(iii) Social Security number;
(iv) Driver's license number;
(v) Name, address, and phone number of employers;
(vi) Health insurance coverage for the child(ren);
(vii) Health insurance available through either parent's employer which could cover the minor child(ren).

☐ (Optional) It is appropriate that the personal information of the ☐ Co-Petitioner 1 **or** ☐ Co-Petitioner 2 shall remain confidential and shall not be provided to the other parent because:

_____
_____

16. Residential Changes. If either parent's change of residence will significantly affect the children's contact with the other parent, the parties shall follow the procedure outlined by §40-4-217, MCA, specifically:

A. A parent who intends to change residence shall provide written notice to the other parent.

B. If a parent's change in residence will significantly affect the children's contact with the other parent, the parent who intends to change residence shall, file a motion for amendment of the residential schedule and a proposed revised residential schedule with the court that adopted the residential schedule or the court to which jurisdiction or venue over the children has been transferred. The motion must be served personally or by certified mail on the other parent and served pursuant to the Montana Rules of Civil Procedure on the parent's attorney of record, if the parent has an attorney of record, not less than 30 days before the proposed change in residence.

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C. The notice pursuant to this subsection 13b is not sufficient unless it contains the following statement: "The relocation of the children 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 revised 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 children."

D. The parent who receives service of a Motion to Amend the Parenting Plan pursuant to this section has 21 days after service of the Motion to File a Response. If the parent receiving notice objects to the proposed revised residential schedule, the responding parent shall include an alternate proposed revised residential schedule with the response. The response must be served as provided for by the Montana Rules of Civil Procedure on the parent proposing to change residence or on the parent's attorney of record if the parent has an attorney of record.

E. If a parent is properly served with a Motion to Amend the Parenting Plan pursuant to this section, failure to file a response within the 21-day period constitutes acceptance of the proposed revised residential schedule.

F. A person entitled to file an objection to the proposed relocation of the children may file the objection regardless of whether the person has received proper notice.

17. Review of Parenting Plan. As children grow and develop, what the children need from each parent changes. What is appropriate for a child at one age is not appropriate at another. It is in the best interest of the child(ren) for the parents to: *(Choose One)*

☐ Review and amend this parenting plan at the following time(s):

_____

_____

OR

☐ Review and amend this parenting plan only if there is a change in the circumstances of the child(ren).

18. Dispute Resolution

When we disagree about this parenting plan, we will act in the best interest of our children. We will try to resolve our issues through informal discussion when appropriate. If we are unable to reach agreement, we will take our issues to a professional mediator. If one parent wants to change the parenting plan, they can send the other parent a Request to Amend the Parenting Plan through Mediation (MP 905). This Plan requires us to seek resolution through mediation if possible.

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Once mediation has been tried, either party may file a Motion to Amend the Parenting Plan. Instructions can be found in the Motion to Amend a Parenting Plan Packet (MP 900 Form Series).

☐ Mediation is not appropriate for our case due to domestic violence. *See* MCA 40-4-301.

19. Child Support Amount and Justification. A child support order is required as part of this proceeding. There are three ways you can propose a child support amount: (1) Ask CSSD to open a case and complete a calculation. (2) Calculate child support yourself or (3) Propose your own child support amount with justification.

☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 must pay $_____ per child per month in child support to the other parent because: *(Choose One)*

☐ This amount is consistent with the attached final Child Support Services Division Order signed by the Administrative Law Judge. *(Attach a copy of the CSSD Order)*

OR

☐ This amount is consistent with the child support calculation prepared by a parent, the Court, or another entity. (*Attach a copy of the calculation)*

OR

☐ No amount has been prepared, however, this amount is in the best interest of our child because:

_____
_____.

OR

☐ No support is requested. *(If this option is selected, both parties must submit a completed financial affidavit.)*

WARNING: If you request an amount of $0 or no child support for any reason, you are choosing to not receive support now. If your financial situation changes in the future, you can request child support later. This is your official request from the Court. The Court is more likely to accommodate what you are asking for than make its own determination. Your Court may still require you to open a case with Child Support Services Division.

20. Child Support Payments. Child Support Payments will be made on or before the _____ day of every month, ☐ Co-Petitioner 1 or ☐ Co-Petitioner 2 must make payments to:

(Choose One)

☐ The other parent

☐ Clerk of District Court

☐ Child Support Services Division. Payments must be made to CSSD if a party is receiving Title IV-A Benefits (TANF, Family Medicaid), or Title IV-D

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benefit (if there is an active case with CSSD). You can find this law at § 40-5-909, M.C.A.

OR

☐ Payor's income is subject to immediate income withholding. You can find this law beginning at §40-5-315, M.C.A.

21. Child Support Termination. *(Choose One)*

☐ Child support payments must continue until each child turns 18 or graduates from high school, whichever occurs later but no later than when the child turns 19.

OR

☐ Child support will be paid until: _____ (month and year) because of a child's disability or medical condition that requires that support lasts beyond the child's 18th birthday

22. Medical Coverage. *(Choose A or B and complete C)*

A. Currently Covered. *(Choose all that apply)*

i. ☐ The child(ren) are presently covered under the following insurance plan:
Carrier Name:
Policy No.:

ii. ☐ The child(ren) receive medical assistance under Title XIX of the federal Social Security Act (Medicaid).

iii. ☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 must continue to provide medical coverage through this plan if it is available at a reasonable cost, and if no other plan or individual insurance is available that will better serve the interests of the parties.

B. Not Covered. The child(ren) are not covered under an existing insurance plan. *(Choose One)*

☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 is required to obtain individual health coverage for the child(ren).

OR

☐ Cost for obtaining individual health coverage for the child(ren) is unreasonable or not cost effective because:

_____

_____.

OR

☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 is responsible for obtaining health coverage for the child(ren) when it becomes available to the parent at a reasonable cost.

C. Shared Cost for Medical Insurance. *(Choose all that apply)*

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i. ☐ Cost for medical coverage including premiums, deductibles, uncovered medical, dental, and vision expenses, and copayments will be divided ____% Co-Petitioner 1 and ____% to Co-Petitioner 2.

ii. ☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 must reimburse the other parent for ____% of the insurance premiums for the child(ren) which at the present time is $_____ per month.

iii. Other:_____
_____
_____
_____
_____.

23. Our responsibilities:

a. We will fill out, sign, and deliver all necessary documents to the insurance company to make sure our children are continuously covered under the plan.
b. We will timely submit claims to the insurance company for processing.
c. We will give each other insurance cards or other methods for access to coverage.
d. If the insurance company reimburses a parent who didn't pay the bill, that parent will immediately pay the parent who did pay the bill.
e. If circumstances change such that health coverage is no longer available, the cost is no longer reasonable, or new and better medical coverage opportunities become available, the party may file a motion to request an amendment to the medical support.
f. If we are responsible for paying the insurance premium and we don't, the other parent, the Department of Public Health and Human Services, or other responsible party, may pay the premium. The court may enter a judgment against the nonpaying parent for unpaid support. The Court may hold that parent in contempt for non-payment.
g. The court may impose civil penalties for intentionally violating the medical support order. You can find this law at §40-5-821, M.C.A.

24. Other Provisions:

_____
_____
_____.

25. Enforcement. Both parents are required to follow this parenting plan. Violation of any provision of this order with actual knowledge of its terms is punishable by contempt of court and may be a criminal offense under M.C.A. §§ 45-5-631 or 45-7-309. Violation of the Final Parenting Plan may subject a violator to arrest and a fine up to $500 or

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imprisonment in the county jail. When either parent is not following the parenting plan, a motion for contempt can be filed with the Court.

26. Request for Parenting Plan to be Ordered by the Court. Co-Petitioners request the Court adopt this Parenting Plan as the final and enforceable Parenting Plan.

We declare under penalty of perjury and under the laws of the state of Montana that the information in this document is true and correct. We agree with the Court approving this proposed Parenting Plan.

DATED this _____ day of _____, 20___.

_____
Co-Petitioner 1

DATED this _____ day of _____, 20___.

_____
Co-Petitioner 2

(Leave the following section blank. It is for the Judge to use.)

ORDER BY THE COURT

IT IS ORDERED, ADJUDGED, AND DECREED that the Parenting Plan set forth above is adopted and approved as an Order of this Court.

DATED this _____ day of _____, 20___.

_____
☐ DISTRICT COURT JUDGE ☐ STANDING MASTER

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_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number

_____
Email

MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

In the Parenting of:_____ (*Child's initials*) _____, Co-Petitioner 1, and _____, Co-Petitioner 2.	**Case No:** _____ *(Fill this in with your Case Number))* **Notice and Acknowledgment the Child Support Services Division for Parenting**

NOTICE TO: State of Montana, Deputy Attorney General with the Department of Public Health and Human Services, Child Support Services Division

A petition to establish a parenting plan, including child support was filed in district court. A copy of the Petition and Proposed Parenting Plan (MP-320) is attached to this notice.

Dated this _____ day of _____, 20___.

Sign Here: _____ Sign Here: _____

Print Name: _____ Print Name: _____
Co-Petitioner 1 Co-Petitioner 2

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CERTIFICATE OF MAILING

On _____ day of _____, 20___, I sent by mail, postage prepaid, the following documents:

- ☐ Notice and Acknowledgment to Deputy Attorney General with the Department of Health and Human Services, Child Support Services Division *Required*
- ☐ Joint Petition for Parenting Plan (MP 123) *Required*
- ☐ Joint Petitioner's Proposed Parenting Plan (MP 320) *Required*
- ☐ _____
- ☐ _____

To: Department of Public Health and Human Services, Child Support Services Division

_____
(Street)

_____
(City) (State) (Zip)

_____
Date *(the date you signed this)*

_____
Co-Petitioner appearing without a lawyer
(sign here)

_____
Print Name

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MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

In the Parenting of: _____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Case No:** _____ **Acknowledgment of Notice in Family Law Case**

(The rest of this form will be filled out by the Department of Human Resources)

ACKNOWLEDGMENT OF NOTICE IN FAMILY LAW CASE

I acknowledge I received a copy of the Co-Petitioner's Notice to Child Support Services Division and a copy of the Petition and Proposed Parenting Plan.

Dated this _____ day of _____, 20___.

_____
Signature

_____
Print Name and Title

DECLINATION BY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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

Dated this _____ day of _____, 20_____.

_____
Signature

_____
Print Name and Title

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CERTIFICATE OF SERVICE

BY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, CHILD SUPPORT SERVICES DIVISION

On _____ day of _____, 20___, I sent by mail, postage prepaid, the Acknowledgment by Child Support Services Division.

To: Clerk of Court _____

_____
(Street)

_____
(City) (State) (Zip)

_____
Date of Signature

_____
Signature

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State of Montana Case Registry and Vital Statistic Reporting Form
Department of Public Health and Human Services

INSTRUCTIONS

Order Information: Check the box that most accurately describes the type of order being entered. If it is 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 needs 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 (payor) 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 payor.

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 payors. Complete only if both parties are ordered to pay support. See Part 6 instructions.

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

STATE OF MONTANA CASE REGISTRY AND VITAL STATISTICS REPORTING FORM

(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 Spouse/Parent 1: ☐ Payor ☐ Payee ☐ Both ☐ N/A Former 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 Spouse/Parent 2: ☐ Payor ☐ Payee ☐ Both ☐ N/A Former 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):**_____

☐ **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	Gender	SSN	Residence of Child

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

_____

_____

4 Other Payee:

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

Mailing Address: _____ _____ _____ _____
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 payor's employment or periodic source of income. (Attach additional pages if needed)

☐ **Check here if this order requires both parties to pay support.** *If checked, skip Parts 6 & 7, and complete Parts 8, 9,10 & 11*.

_____ _____
Name of Employer or Source of Income **Telephone #**

7 Support Order Date Order Signed: _____

Chose 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*
☐ **Child Support:**	$				$	$	$	$
☐ **Medical Support**	$				$	$	$	$
☐ **Spousal Support:**	$				$	$	$	$

(Alimony) (*list amounts included in judgment)

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

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

_____

Was Parent 1 represented by an attorney? ☐ **Yes** ☐ **No** **Was Parent 2 represented by an attorney?** ☐ **Yes** ☐ **No**

Information from child support guidelines worksheet:

Parent 1:"Income after deductions" $_____ "Credit for Payment of Expenses" $_____

Parent 2:"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 **Parent 1 employer?** ☐ Yes ☐ No

Parent 2 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 Payors: **Complete Parts 10 and 11 *only* if the order requires both parties to pay support.**

10--Parent 1--Employer/Income Source Information:

Provide information about parent 1 employment or periodic source of income. (Attach additional pages if needed.)

Name of Employer or Source of Income _____ *Telephone #* _____

Street _____ *City* _____ *State* _____ *Zip* _____

10--Parent 2--Employer/Income Source Information:

Provide information about parent 2 employment or periodic source of income. (Attach additional pages if needed.)

Name of Employer or Source of Income _____ *Telephone #* _____

Street _____ *City* _____ *State* _____ *Zip* _____

11--Parent 1--Support Order Date Order Signed: _____

Parent 1 Support Obligation: **If applicable, arrears due at time of order:$** _____

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty	Fees*	Interest*
☐ Child Support:	$				$	$	$	$
☐ Medical Support	$				$	$	$	$
☐ Spousal Support:	$				$	$	$	$

(Alimony) *(*list amounts in included in judgment)*

Is Parent 1 exempt from income withholding under MCA 40-5-315? ☐ **Yes** ☐ **No** ☐ **Tribal Order**

11--Parent 2--Support Order Date Order Signed: _____

Parent 2 Support Obligation: **If applicable, arrears due at time of order:$** _____

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty	Fees*	Interest*
☐ Child Support:	$				$	$	$	$
☐ Medical Support	$				$	$	$	$
☐ Spousal Support:	$				$	$	$	$

(Alimony) *(*list amounts in included in judgment)*

Is Parent 2 exempt from income withholding under MCA 40-5-315? ☐ **Yes** ☐ **No** ☐ **Tribal Order**

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

Was Parent 1 represented by an attorney? ☐ Yes ☐ No **Was Parent 2 represented by an attorney?** ☐ Yes ☐ No

Information from child support guidelines worksheet:

Parent 1: "Income after deductions": $** _____ **"Credit for Payment of Expenses":$ _____

Parent 2: "Income after deductions": $** _____ **"Credit for Payment of Expenses":$ _____

Save Form **Print Form** **Clear Form**

MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

In the Parenting of:_____ (*child(ren)'s initials*) _____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Case No: _____** **Findings of Fact, Conclusions of Law, and Decree of Joint Parenting Plan**

The Court enters the following:

FINDINGS OF FACT AND CONCLUSIONS OF LAW

A. Procedural History. On the _____ day of _____ 20____, the Petition for Parenting Plan was filed by Co-Petitioners without a lawyer.

B. The Court *(Choose One)*

☐ Held a Final Hearing on the Parenting Plan **OR** ☐ Waived the Final Hearing.

C. Parenting. There is a/are child(ren) of the relationship who is/are minor(s). Montana is the home state of the child(ren) of the marriage. Jurisdiction for parenting is proper in Montana.

D. Co-Petitioners filed a Joint Proposed Parenting Plan **MP-320** and submitted it to the Court for final approval.

E. The Court finds the **Jointly Proposed Parenting Plan MP-320** is in the best interest of the children of the marriage. The Judge will sign **MP-320** at the conclusion of the case. The signed **MP-320** outlines child support, medical coverage, and parenting schedule that is enforceable by the Court.

F. Pregnancy

Petitioner/Co-Petitioner 1 ☐is ☐is not pregnant.

Respondent/Co-Petitioner 2 ☐is ☐is not pregnant.

G. Additional Findings.

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☐The Court makes additional findings of fact as follows: _____

_____

_____

From the above Findings of Fact and Conclusion of Law, the Court orders the following:

DECREE OF PARENTING PLAN

A. The Court has jurisdiction over the parties and this cause of action.

B. The Court has signed and adopts and incorporates by reference the approved Parenting Plan. The Court Approved Parenting Plan is in the best interest of the child(ren). The Court orders the parties to follow the terms of the Parenting Plan, including child support payments, medical support, and parenting schedule.

Each party is ordered to take any action necessary to carry out the terms and conditions of this Decree and Parenting Plan including making arrangements, sharing information, and exchanging documents within a reasonable amount of time from the date of this Decree or as more specifically provided in the Parenting Plan.

Other Provisions:

_____

_____

_____

_____

_____

DATED this ____ day of _____ 20____.

_____

☐ DISTRICT COURT JUDGE / ☐ STANDING MASTER

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MONTANA CHILD SUPPORT GUIDELINES
FINANCIAL AFFIDAVIT

INSTRUCTIONS FOR COMPLETING THIS FORM: Provide complete information, attaching additional pages if needed. If a question or statement does not apply to you, DO NOT LEAVE IT BLANK; instead, mark it as "Not Applicable" or "N/A." Be sure to **sign this form**.

A. PERSONAL INFORMATION

Full Name: _____ Work Phone No.: _____

Home Address: _____ Home/Cell No.: _____

_____ Date of Birth: _____

Mailing Address: _____ Case Number: _____

_____ Driver's License No.: _____

What is your tax filing status? ☐ Single ☐ Married, joint ☐ Married, separate ☐ Head of Household

List the people you claim as tax exemptions _____

If you are married and file taxes jointly, please provide your current spouse's annual income so that tax credits may be calculated accurately. $_____

Did you finish high school? ☐ Yes ☐ No If no, indicate highest grade completed: _____

List all schools attended following high school. Include training school, college or university, trade school.

School Name	Course of Study	Completion Date	Degree/Diploma

B. CHILDREN

1. List **all** of your natural and adopted children (do not include stepchildren)

Child's Full Name	Date of Birth Month/Day/Year	Who does child live with?	Are you ordered to pay support for this child?
			☐ No ☐ Yes $ amount/month
			☐ No ☐ Yes $ amount/month
			☐ No ☐ Yes $ amount/month
			☐ No ☐ Yes $ amount/month
			☐ No ☐ Yes $ amount/month
			☐ No ☐ Yes $ amount/month

ATTACH A COPY OF ANY ORDER REQUIRING CHILD SUPPORT TO BE PAID FOR THESE CHILDREN.

2. Complete the table below for all expenses you pay and benefits you receive on behalf of all children shown in the previous table. Attach proof for the items listed below. Do **NOT** list amounts paid by other parent.

Child's First Name	Annual Day Care Costs	Annual Unreimbursed Medical Expenses	Annual Dependent's Benefits Received*	How many days does child spend with you per year?**	Annual Miles Driven for Long Distance Parenting	Other Transportation Costs for Long Distance Parenting***

*** For example - Social Security Benefits**
**** The majority of a 24 hour period the children are in your control**
***** Do not include lodging, food and entertainment**

3. Do you receive reimbursement for day care expenses? ☐ No ☐ Yes $_____/month reimbursement

4. If any of the children listed above have ongoing medical expenses, please describe. _____

_____

_____

_____

5. Do you have health insurance available to you through employment or other group? ☐ No ☐ Yes
If no, skip to Section C. If yes, to have the cost included in your child support calculation, you must do one of the following before the final order is entered:
A. Prove that you currently have insurance coverage in effect for the children; or
B. Obtain verification from the insurance carrier that you have paid a premium with the intent to enroll the children.

Name everyone who is covered by this policy: _____

_____

Regardless of whether your children are covered, complete the following:

Insurance Co. Name: _____

Address: _____

_____

_____

Policy Number: _____

Certificate Number: _____

$_____ Total cost of health insurance premium per month, including your children (whether or not you and the children are currently enrolled).

$_____ Adult's portion of premium.

$_____ Child(ren)'s portion of premium.

$_____ Portion of premium to be paid by you each month.

$_____ Portion of premium to be paid by employer or other group each month.

C. EMPLOYMENT

1. List your current or most recent employer(s) first and your past two employers:

Employer's Name, Address, and Telephone Number	Dates of Employment	Average Hours Worked and Current or Ending Pay	P-Permanent T-Temporary S-Seasonal
_____ _____	From _____ To _____	_____ hours/week _____ pay/hour	
_____ _____	From _____ To _____	_____ hours/week _____ pay/hour	
_____ _____	From _____ To _____	_____ hours/week _____ pay/hour	

2. What kinds of work do you/did you do for your employer(s)? _____

3. Do you belong to a union? ☐ No ☐ Yes If yes, name of union local, address, and amount of monthly dues: _____

4. Are you currently a student? ☐ No ☐ Yes If yes, provide a copy of your most recent registration statement showing tuition, fees, etc., and a copy of your most recent financial aid award letter. Please provide your expected date of graduation: _____

5. Is there any reason, such as disability, that prevents you from being able to work full-time or from being able to earn income at the same level you have in the past? ☐ No ☐ Yes If yes, please explain and provide a statement from your doctor or the Social Security Administration _____

6. Do you receive workers' compensation or occupational disease benefits? ☐ No ☐ Yes
If no, are you currently seeking workers' compensation benefits or occupational disease benefits? ☐ No ☐ Yes
If yes, who pays those benefits and what is your claim number: _____

7. Are you currently receiving unemployment benefits? ☐ No ☐ Yes
If yes, name of state or agency paying those benefits: _____

8. If unemployed or employed part-time, have you made any efforts to find full-time employment? ☐ No ☐ Yes
If no, why not? _____

If yes, describe your job search: _____

D. INCOME

1. List all income which you receive or have received in the last 12 months.

Income Source	Annual Amount	Income Source	Annual Amount
Gross Wages		Public Assistance	
Unemployment		Veterans' Disability	
Workers' Compensation		Spousal Support	
Social Security Benefits		Contract Receipts	
Retirement		Rental Income	
Interest/Dividend Income		Fringe Benefits/Bonuses	
Reimbursements		Profit (Loss) from Self-employment	
Educational Grants		Other	

2. Do you receive any non-cash benefits from your employer, such as housing, groceries, meat, car or truck, utilities, phone service? ☐ No ☐ Yes
   If yes, describe the non-cash benefit you receive, how often you receive it, and the value of the benefit: _____

3. If you are self-employed, describe your self-employment activities: _____

   How many hours per week do you spend engaged in self-employment activities? _____

   Is your self-employment the primary source of your income for meeting your living expenses? ☐ No ☐ Yes

4. Have you, in the past 12 months, received any prize, award, settlement or other one-time cash payment?
   ☐ No ☐ Yes If yes, describe the payment, including the amount and its present location and value.

5. **ATTACH COPIES OF YOUR PAY STUBS FOR THE LAST THREE (3) MONTHS. ALSO ATTACH COMPLETE COPIES OF YOUR FEDERAL INCOME TAX RETURNS**, including all schedules filed and W-2 forms, for the last three (3) years. If you do not have pay stubs or W-2 forms, provide employer's statement. If you are self-employed, you must provide copies of your individual returns as well as the business (partnership or corporation) returns for the last three (3) years. You may wish to black out or obscure confidential information such as social security numbers or financial account numbers.

E. DEDUCTIONS AND EXPENSES

1. List deductions from gross wages, including costs for required uniforms or work related equipment. **Attach pay stubs and proof of expenses.**

DEDUCTION	AMOUNT	HOW OFTEN PAID?
Federal Income Tax		
State Income Tax		
FICA and Medicare		
Mandatory Retirement		
Required Work Related Costs		

2. Has a court ordered you to pay alimony? ☐ No ☐ Yes If yes, attach copy of order and proof of payments.

3. Do you have any extraordinary medical expenses for yourself, not reimbursed by insurance, your employer, or another, which are necessary for you to maintain your health or your earning capacity? ☐ No ☐ Yes

   If yes, list yearly expenses and attach proof: _____

4. Please list any necessary expense you pay for in-home nursing care to enable you to work and for whom the expense is paid: _____

5. Is your contribution for retirement mandatory? ☐ No ☐ Yes

6. List employment related expenses not shown elsewhere: _____

_____

7. Has a court ordered you to make payments for restitution, damages, etc.? ☐ No ☐ Yes If yes, provide a court order and proof of payments.

8. Please attach a list of monthly expenses if you feel it is important to show your financial situation.

F. ANTICIPATED CHANGES / ADDITIONAL COMMENTS

1. Please list any changes you expect in your or your child(ren)'s circumstances during the next 18 months which would affect the calculation of child support? _____

_____

2. Additional Comments (a separate sheet may be attached): _____

_____

_____

_____

_____

I declare under penalty of perjury and under the laws of the State of Montana that the foregoing is true and correct.

_____

Date County and state where signed Signature Printed name