_____
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

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

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

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