

Changing Your Parenting Plan



Note: Use these instructions and forms to make changes to your Parenting Plan.

These instructions and forms may not be right for your case. They can not take the place of advice from a lawyer. Talk to a lawyer if you have **any** questions.

Do not change these forms. If you change the forms, you might lose language you need.

What Forms Will I Need to Make Changes to My Parenting Plan?

If the other parent **does not agree** with the changes you want to make, you will need to fill out and file the following forms:

- Motion to Amend Parenting Plan
- Supporting Affidavit
- Proposed Amended Parenting Plan
- Order to Show Cause
- Request to Serve Documents
- Order Amending Parenting Plan
- Affidavit of Inability to Pay (only if you cannot afford filing fees)

The **Motion to Amend Parenting Plan** asks the court to make changes to your current Parenting Plan.

The **Supporting Affidavit** tells the court why you want to make changes to your current Parenting Plan.

The **Proposed Amended Parenting Plan** outlines the new parenting schedule you want the court to adopt as your new Parenting Plan.

The **Order to Show Cause** will be filled out by the judge. This order schedules a hearing on your Motion, and tells the other parent that he or she must show up and tell the court why your Proposed Amended Parenting Plan should not be adopted.

The **Request to Serve Documents** should be given to your local sheriff or a process server so the other parent can be given copies of your forms.

The **Order Amending Parenting Plan** will be filled out by the judge. This order will make your Proposed Amended Parenting Plan the new Final Parenting Plan.

The **Affidavit of Inability to Pay** asks the court to waive filing fees in your case.

What Words Do I Need to Know?



Petitioner- A Petitioner is someone who files an action in court. If you filed the **first** action for divorce or a parenting plan, you are the Petitioner.

Respondent- A Respondent is someone who has been filed against in court. If the other parent filed the **first** action for divorce or a parenting plan, you are the Respondent.

Moving Party- The Moving Party is the parent who wants to make changes to the Parenting Plan and files a Motion to Amend Parenting Plan.

Non-moving Party- The Non-moving Party is the parent who does not file forms to make changes to the current Parenting Plan

Who Can Use the Form?

You can use these forms if:

- Facts have changed since the parenting plan was entered; **or**
- Facts were not known to the court when the parenting plan was entered;
and
- The change in the parenting plan is needed to serve the best interests of the child(ren). (Mont. Code Ann. § 40-4-219(1)).

Note: If your child is in immediate danger, you may be able to get a change to your parenting plan faster than this process allows. You can **not** request an emergency change using these forms. Talk to a lawyer if you have an emergency or have any questions.

What if the Other Parent Does Not Live in Montana?

If you know where the other parent lives, you will need to contact the sheriff in the county where the other parent lives and ask how much they charge to serve documents on someone. Some states will waive the fee if you have an Order of Inability to Pay, but some may not. You should mail the documents to be served on the other parent to the sheriff of the county where the other parent lives, along with the fee or your Order of Inability to Pay. Once the other parent is served, the sheriff will return your Proof of Service.

If you are not sure where the other parent lives, you may be able to serve him or her by publication. You will need to fill out an Affidavit for Publication of Summons and fill in the caption on an Order for Publication of Summons and a Summons for Publication. These forms are available online separately. You should file these forms with the Clerk of District Court in the county where your original parenting action was filed.

If the other parent is an active duty member of the armed forces, the Soldiers' and Sailors' Civil Relief Act may protect the parent from being sued if it would affect his or her ability to defend the country. This does not mean you cannot ever change your parenting plan if the other parent is in the military. It means that you may have to wait until the other parent is out of harm's way or returns home to make changes to your parenting plan.

What Do I Do with The Forms?

1 Fill out the Forms

- Fill out all the blanks on the Motion to Amend Parenting Plan, Supporting Affidavit, Proposed Amended Parenting Plan, and Request to Serve Documents.
- Put your name and the other parent's name in the caption of the Order to Show Cause and the Order Amending Parenting Plan. The caption looks like this:

<p>Montana _____ Judicial District Court <i>Number of the judicial district where you are filing</i></p> <p>_____ County <i>Name of the county where you are filing</i></p>	
<p>In the Matter of the Name Change of</p> <p>_____:</p> <p><i>Your name now</i></p> <p>_____</p> <p style="text-align: center;"><i>Petitioner (your name now)</i></p>	<p>Cause No.: _____</p> <p>Dept No.: _____</p> <p><i>Filled out by Clerk of District Court</i></p> <p style="text-align: center;">Name of Form</p>

- Sign, date, and notarize your Supporting Affidavit. Sign and date your Motion to Amend Parenting Plan, Request to Serve Documents, and Proposed Parenting Plan.

2 Make Copies

- Make at least two copies of each form once you have them filled out. You will need to mail one copy of the forms to the other parent. You will need to bring the other copy with you to the Show Cause hearing.

3 File Forms at the Courthouse

- File the original Motion to Amend Parenting Plan, Supporting Affidavit, Proposed Amended Parenting Plan, Order to Show Cause, and Order Amending Parenting Plan with the Clerk of District Court in the county where your original Parenting Plan was filed.
- Give the Clerk of Court a self-addressed stamped envelope. Be sure to ask the Clerk of Court to mail two conformed copies of the Order to Show Cause to you after the judge signs it. If you do not have an Order of Inability to Pay from the judge, you may be charged a fee for these copies.
- Give all your copies to the Clerk of District Court and ask her to stamp them as “Filed”. Keep the copies in a safe place. You should bring the copies with you to your hearing.

4 Wait for the Order to Show Cause

- If the court feels you have good reason to change your current

Parenting Plan, the court will set a hearing date and will fill out and sign your Order to Show Cause.

5 **Serve the Other Parent**

- Have the Motion to Amend, Supporting Affidavit, Proposed Amended Parenting Plan, and the Order to Show Cause that was filled out by the judge served on the other parent. Sheriffs in Montana will serve the other parent for free if you have an Order of Inability to Pay from the judge. If you do not have this, you will need to pay the sheriff to serve your forms.
- Mail or hand-deliver your original Request to Serve Documents and other documents to the Sheriff's office in the county where the other parent lives.
- Give the Sheriff's office a self-addressed, stamped envelope so they can mail you Proof of Service after they give your forms to the other parent.

Note: When the other parent gets the Order to Show Cause, s/he will be able to file an "Opposing Affidavit" with the Court explaining why s/he disagrees with your Proposed Parenting Plan. S/he will also be able to go to the hearing and tell the Court his or her side of the story.

6 **File the Proof of Service**

- Once the Sheriff returns Proof of Service to you, make a copy and file the original with the Clerk of District Court in the county where your original Parenting Plan was filed. Have the Clerk stamp your copy of the Proof of Service as "Filed". This step is important. The Judge will need to see proof that the other parent was served before ordering a new parenting plan.

7 Go to Your Hearing

- Bring your stamped copies of the documents you filed with the court.
- Arrive at the courthouse at least 15 minutes before your scheduled hearing. Dress like you were going to an important job interview.
- Check with the Clerk of Court's office to find the right courtroom for your hearing. Go to that courtroom and wait for the judge to call your name and case number. Remember to address the judge as "Your Honor".
- Be prepared to tell the judge why you want to make changes to your current Parenting Plan.



Where can I get more information?

The Montana Code Annotated (M.C.A.) contains the law on changing your Parenting Plan. The laws related to changing your Parenting Plan can be found in Title 40, Chapter 4. The M.C.A. can be found at your local library or on the Montana State Law Library website at www.lawlibrary.mt.gov. Click on the "State Laws" option near the top of the page and select "MCA" from the list.

Where can I get legal help?

These organizations may be able to help you:

- **Montana Legal Services Association (MLSA)** gives free legal help to low and moderate-income people. To find out if you qualify for MLSA, call the MLSA HelpLine at 1-800-666-6899.

- **The State Bar Lawyer Referral and Information Service (LRIS)** refers people to Montana lawyers who might be able to help. The referral is free. Call LRIS at 1-406-449-6577.
- **The State Law Library** can help you find and use legal resources such as books, forms, and websites. You can visit the Law Library website at www.lawlibrary.mt.gov. Or you can contact a Reference Librarian at 1-406-444-3636 or by email at mtlawlibrary@mt.gov.

Please take a short survey about these forms.

When you are done with the forms, please take our online survey at this address:

http://www.surveymonkey.com/s.aspx?sm=fCBbhbbJj4MdOWw_2fjsCjlg_3d_3d



Or you can access the survey on the “Forms” page of the State Law Library website, at www.lawlibrary.mt.gov. Your answers will help make the forms better. Thank you!

Name

Mailing Address

City State Zip Code

Phone Number

E-mail Address (optional)

Petitioner/Plaintiff Respondent/Defendant

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

IN THE JUSTICE COURT OF _____ COUNTY, STATE OF MONTANA

IN THE MUNICIPAL OR CITY COURT OF _____, MONTANA

Petitioner / Plaintiff,

and

Respondent / Defendant.

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 defense 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: _____. I was born in this month _____ and this year _____.

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 each benefit you receive.)

SNAP TANF SSI Medicaid WIC LIEAP

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.

I. INCOME (Complete this Section to the best of your ability.)

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.		

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: _____

Court Use Only

- MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY
 IN THE JUSTICE COURT OF _____ COUNTY, STATE OF MONTANA
 IN THE MUNICIPAL OR CITY COURT OF _____, MONTANA

<p>_____, Petitioner / Plaintiff, and _____, Respondent / Defendant.</p>	<p>Case No: _____ (leave blank, the clerk will write in)</p> <p>Order Regarding Statement of Inability to Pay Court Costs</p>
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**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

Your name

Your mailing address

City State Zip

Your phone number

Petitioner/ **Respondent**

Note: If you were the Respondent in your original parenting or custody case, you are still the Respondent. If you were the Petitioner, you are still the Petitioner. The caption below should be filled out exactly like it was in your original case. Even the cause number will be the same.

Montana _____ **Judicial District Court**
Number of the judicial district where you are filing
_____ **County**
Name of the county where you are filing

<p>In re the <input type="checkbox"/> Marriage of/<input type="checkbox"/> Parenting of:</p> <p>minor child(ren);</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Respondent.</p>	<p>Cause No.: _____ Dept. No.: _____</p> <p>Motion to Amend Parenting Plan</p>
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I am the Petitioner/ Respondent in this case. I am asking this Court to change our final parenting plan in this case. This request is allowed under Mont. Code Ann. ' 40-4-219.

Facts

1 Information about Me

Name: _____

Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ County: _____

2 Information about the Other Parent

Name: _____

Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ County: _____

3 Information about the Children

We have (#) _____ child(ren) younger than 18 years old:

Child's Full Name	Age of Child

If needed, attach additional sheets as Exhibit _____.

4 Prior Parenting Plan

This Court entered a final parenting plan for our children on (mm/dd/yyyy):

_____.

5 Change in Circumstances

Circumstances have changes since the Court entered our prior parenting plan. I explain the changes in my Supporting Affidavit, which I am filing with this Motion.

Legal Basis

1 Jurisdiction

This Court ordered a final parenting plan in this action. This Court has exclusive and continuing jurisdiction under Mont. Code Ann. ' 40-7-202.

2 Amendment of Parenting Plan

- a. Montana law says the court may change a prior parenting plan if:
- Facts have changed since the parenting plan was entered; **or**
 - Facts were not known to the court when the parenting plan was entered; **and**
 - The change in the parenting plan is needed to serve the best interests of the child(ren). (Mont. Code Ann. § 40-4-219(1).).
- The circumstances of the child(ren) have changed. These changes are outlined in my Supporting Affidavit.
- b. *Choose Any That Apply* (Optional):
- Montana law says that it is not in the child(ren)'s best interest when one parent does not allow the other parent to see the child(ren) or tries to keep the other parent from seeing the child(ren). Mont. Code Ann. ' 40-4-219(3)
- Montana law says that a parenting plan can be changed if one of the parents has died. Mont. Code Ann. ' ' 40-4-219(6) and 40-4-221.

Montana law says that it is not in the child(ren)'s best interest if one of the parents- or someone living with the parent- is convicted of any of the following crimes: deliberate homicide, mitigated deliberate homicide, sexual assault, sexual intercourse without consent, deviate sexual conduct with an animal, incest, aggravated promotion of prostitution of a child, endangering the welfare of children, partner or family member assault, or sexual abuse of children. Mont. Code Ann ' 40-4-219(3) and (8)

c. My Proposed Amended Parenting Plan is necessary to serve the best interests of our minor child(ren).

I respectfully ask this Court to:

1. Change our final parenting plan and adopt my Proposed Amended Parenting Plan, filed with this motion;
2. Schedule a hearing and order all parties to appear and show why my Proposed Amended Parenting Plan should or should not be granted; and
3. Order any other relief the Court deems just and proper.

Date: _____

Your Signature

Print Name

Your name

Your mailing address

City State Zip

Your phone number

Petitioner/ **Respondent**

Note: If you were the Respondent in your original parenting or custody case, you are still the Respondent. If you were the Petitioner, you are still the Petitioner. The caption below should be filled out exactly like it was in your original case. Even the cause number will be the same.

Montana _____ **Judicial District Court**
Number of the judicial district where you are filing

_____ **County**
Name of the county where you are filing

In re the Marriage of/ Parenting of:

minor child(ren);

_____,
Petitioner,

and

_____,
Respondent.

Cause No.: _____
Dept. No.: _____

Supporting Affidavit

STATE OF MONTANA)
) : ss
COUNTY OF _____)

(Your Name): _____ says that:

1. This affidavit is in support of my Motion to Amend Parenting Plan

Choose All That Apply:

The other parent has not allowed me to see our child/ren, or the other parent has tried to keep me from seeing our child/ren.

The other parent has died.

The other parent, or someone living in the other parent=s household, has been convicted of one of the following crimes: (*choose all that apply:*)

deliberate homicide, mitigated deliberate homicide, sexual assault, sexual intercourse without consent, deviate sexual conduct

with an animal, incest, aggravated promotion of prostitution of a child

endangering the welfare of children, partner or family member assault, or sexual abuse of children.

2. Explain what has changed that makes you want to change your parenting plan:

3. I believe that my proposed amended parenting plan is necessary to serve the best interests of our minor child(ren).

Date (*mm/dd/yyyy*): _____

Signature

Print Name

SIGNED AND SWORN to before me on (*mm/dd/yyyy*) _____.

(Seal)

Name (*printed*): _____

Notary Public for the State of Montana.

Residing at _____

My Commission Expires _____

Name

Mailing Address

City, State Zip Code

Phone Number

E-mail Address (optional)

Petitioner Respondent Co Petitioner

Appearing without a lawyer

Name

Mailing Address

City, State Zip Code

Phone Number

E-mail Address (optional)

Co Petitioner

Appearing without a lawyer

MONTANA _____ **JUDICIAL DISTRICT COURT,** _____ **COUNTY**

In re the Parenting of: _____,

OR

In re the Marriage of: _____,

Petitioner,

and

 Co Petitioner Respondent.

Case No: _____

Petitioner's **Respondent's**
 Agreed **Court Ordered**

Proposed **Amended**
Parenting Plan

1. Objectives.

- a. To protect the best interest of our minor children;

MP-300 Parenting Plan and Final Decree Attachment

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- b. To provide for the physical care of our minor children;
- c. To maintain our children’s emotional stability and minimize our children’s exposure to parental conflict;
- d. To help our children have a healthy relationship with both parents, families, and friends;
- e. To provide for our minor children’s changing needs as they grow and mature;
- f. To explain the rights and responsibilities of each parent to our minor children;
- g. To help us avoid expensive future court battles over the minor children.

2. Parent Information:

Name First: _____ Middle: _____ Last: _____

Your e-mail address (optional): _____

Your Mailing Address: _____

City: _____ State: _____ County: _____

Name First: _____ Middle: _____ Last: _____

Your e-mail address (optional): _____

Your Mailing Address: _____

City: _____ State: _____ County: _____

3. Our Children:

This parenting plan applies to these children:

Name	Age	Year of Birth

*(If you have additional children, fill out and paper clip Form **MP-113-B** to this document.)*

4. The same or different parenting time schedules. Choose one.

We will have the same parenting schedule with all of our children.

OR

We will have different parenting schedules for our children. This is in the best interest of our children because _____

NOTE: All of our minor children must be covered under a parenting time schedule.

Please use attachment **MP-300 A** for any different parenting plans.

Parenting time

The child(ren) shall primarily reside with the mother father. The other parent's parenting time will be as follows:

Choose all that apply:

Weekends:

The 1st 2nd 3rd 4th weekend(s) of the month and the 5th weekend in odd even every month(s). The first weekend of the month is the first weekend with a Saturday.

Weekend parenting time begins:

(day of week) _____ at (time) _____ a.m. p.m.

and ends:

(day of week) _____ at (time) _____ a.m. p.m.

Weekdays:

Monday Tuesday Wednesday Thursday Friday

from _____ a.m. p.m. to _____ a.m. p.m.

Other: _____

Child Care Options. Choose one if applicable:

If either parent is unable to care for the children during their scheduled parenting time, that parent shall arrange appropriate substitute care for the children.

If either parent is unable to care for the children for longer than _____

during their scheduled parenting time, that parent shall contact the other parent and offer the other parent the opportunity to provide care for the children before arranging for substitute care.

Other (specify): _____

Transportation for Our Children.

a. Our children will only be driven by a licensed and insured driver. The vehicle must have legal and age-appropriate restraint devices.

Choose one:

The parent whose parenting time is starting ending is responsible for transporting our children.

OR

Each parent is responsible for transporting our children to and from parenting time and will meet at _____ to exchange our children at the beginning and end of each parenting time.

OR

Other (specify): _____.

b. Transportation cost.

Choose One:

Transportation costs will be paid for by the parent responsible for transporting our children.

OR

Other: _____.

c. (Optional) Supervised Exchanges. Exchanges of the children must be supervised as follows: _____

_____.

5. Holidays, Vacation, and Special Occasions. Choose one.

There is a special schedule for holidays, vacation, and special occasions. (Fill out and paper clip **Form MP-300-B** to this document.)

OR

There is no special schedule for holidays, vacation, and special occasions.

6. Supervised or Limited Parenting Time. Choose one.

Supervised or limited visitation is not necessary.

OR

Supervised or limited visitation is necessary. It is in our children's best interest for
Mother Father Both parents to have supervised or limited parenting time
because *(describe)*

(Fill out and paper clip MP-300-C to this document)

7. Travel with Our Children. Choose all that apply.

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

b. Mother Father Both parents must have written permission from the other parent or a court order to take our children out of:

a ____ mile radius of the child's residence.

the following counties *(specify)* _____

the State of Montana

This is in the best interest of our children because: _____

c. Other *(specify)* _____

8. Passport. Choose all that apply.

Our children don't have a passport. Mother Father may apply for a passport for any of our children. The other parent consents to the issuance of this passport.

If our children have a passport, it belongs to them. But Mother Father will be the custodian of the passport.

Other (specify) _____
_____.

9. Communications. Choose all that apply.

While our children are with one parent:

Our children will be able to initiate communication with the other parent at reasonable times.

The other parent is allowed to initiate communication with our children at reasonable times.

The other parent has a specific time to communicate with our children:

 Other (specify): _____
_____.

10. State and Federal Benefit Programs

Some state and federal benefit programs require one parent be designated custodian. This doesn't affect our parenting rights or responsibilities. It only affects which parent may include the children when they apply for benefits.

Choose One

For the purposes of state and federal benefit programs that require a designation of custodian the Mother Father is designated custodian.

OR

Other (specify): _____
_____.

11. Designation of Children for Income Tax Purposes.

Mother will claim all of our children as dependents on her income tax

every tax year in odd-numbered tax years in even numbered tax years

Father will claim all of our children as dependents on his income tax

every tax year in odd-numbered tax years in even-numbered tax years

Other (specify): _____
_____.

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.

12. Co-Parenting Guidelines.

- a. Each parent will promote a healthy relationship between our children and the other parent. We won't demean or speak negatively about the other in front of or to our children.
- b. Each parent will notify the other parent at least ____ minutes hours days in advance when we won't use or need our parenting time. The missed time won't be made up, unless we both agree.
- c. If Mother Father is more than _____ minutes late for their parenting time the other parent may cancel the parenting time. The missed time won't be made up, unless we both agree.
- d. Each parent will be flexible about our parenting time when family necessities, illnesses, or other commitments reasonably require a change. The requesting parent will act in good faith and give as much notice as circumstances permit.
- e. Each parent will supply our children with appropriate clothing, toys, games, or books for their scheduled parenting time with the other parent. These items are our children's and are to be returned with our children at the end of the parenting time.

OR

- Each parent will supply our children appropriate clothing, toys, games, or books for their scheduled parenting time while they are with us. Our children will not take these items between our houses. Any items that our children arrived with are to be returned at the end of the parenting time.
- f. Each parent is responsible for making sure that our children attend their regularly scheduled activities, including sports and other extra-curricular activities, while the children are with that parent.
- g. If our children has a special activity or medical condition that requires clothing and/or equipment that is not normally with the parent having parenting time, that parent must ask that the clothing and/or equipment comes with our children and returns with our children at the end of the parenting time.
- h. Each parent will encourage and protect healthy relationships between our children and relatives, family and friends. Usually the children will visit paternal relatives during the time when our children are with their father and with the maternal relatives during the time when our children are with their mother, unless we agree otherwise.

i. Each parent will guarantee the safety of the children. Activities that may be considered dangerous include: **Choose all that apply.**

Any person, including a parent, who abuse alcohol or use illegal drugs within 24 hours of contact with our children;

Second-hand smoke;

Other: _____
_____.

j. If a parent observes or becomes aware that the children are in physical danger, the observing party will immediately contact law enforcement and may file an action with the court to enforce this agreement. Temporary suspension of parenting time may be appropriate under the circumstances until the safety concerns are resolved.

13. Decision Making.

a. Both parents have the right to make emergency decisions affecting the health or safety of our children.

b. We have the right to make decisions about the day-to-day care and control of our children while they are with us.

Choose any that apply.

c. We will make major decisions about our children's education together. If we cannot agree, the decision will be made by Mother Father.

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

e. We will make major decisions about our children's spiritual development together. If we cannot agree, the decision will be made by Mother Father either party during their respective parenting time.

f. We will make major decisions about our children's extra-curricular activities together. If we cannot agree, the decision will be made by Mother Father either party during their respective parenting time.

OR

g. Mother Father 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:

h. Other (*specify*):

14. Access to Our Children’s Information. Choose One.

We will both have access to all information about our children, including school records, counseling records, medical, and dental records. We can find this law at §40-4-225, M.C.A.

OR

It is appropriate that only Mother Father have access because _____
_____.

15. Access to Our Information. Choose One.

We will keep each other and the court updated in writing of the following:

- Residential and mailing addresses;
- Telephone numbers;
- Social Security numbers;
- Driver’s license numbers;
- Name, address, and phone number of employers;
- Health insurance coverage for our children, including the insurance company, name of the plan, the policy identification number, and the names of the covered children;
- Health insurance coverage for our children which is available through an employer or other group, and if the employer or group would pay any part of the premium.

OR

It is appropriate that the personal information of Mother Father be kept confidential and not be given to the other parent because _____
_____.

16. Parent's Residential Change.

- a. If either of us plans to change the place we live and it will significantly affect the other parent's contact with our children, the moving parent must give notice to the other parent.
- b. The notice must be in writing and include a proposed amended parenting plan. *(We can use Form MP-904 Notice of Intent to Move to give this notice.)*
- c. There are two ways the moving parent may deliver the notice and proposed amended parenting plan to the other parent:
 - By having law enforcement or a person who is 18 or over and not a party to the case hand-deliver it to them,
 - Or by certified mail.
- d. The moving parent must file proof of service and the proposed amended parenting plan with this court.
- e. If the other parent objects to the proposed amended parenting plan, that parent must file an objection with the court within the 30-day period. If the other parent doesn't file an objection, this means they are in agreement with the moving parent and the court may adopt the plan.

17. Temporary Assistance for Needy Families and Family Medicaid Benefits. Choose One.

Either Mother or Father is receiving Temporary Assistance for Needy Families (TANF) and/or Family Medicaid;

OR

Neither party is receiving these benefits.

OR

I do not know if Mother Father is receiving these benefits. I am not receiving any of these benefits.

18. Notice to Child Support Enforcement Division. Choose One.

Child Support Enforcement Division has an active case to determine paternity, to establish or enforce child support, to establish or enforce medical support, or one of us is receiving these benefits. I notified Child Support Enforcement Division of this case. *(Fill out and serve MP-404)*

OR

Child Support Enforcement Division does not have an active case and neither parent is receiving these benefits.

19. Child Support Calculation.

a. Child Support Amount.

Mother Father must pay \$_____ per child per month for a total monthly obligation of \$ _____ in child support to the other parent commencing on the _____ day of _____, 20__ because:

Choose one.

This amount is consistent with the attached final Child Support Enforcement Division Order signed by the Administrative Law Judge. *(Write MP-300-D in the upper right hand corner of the CSED calculation order and paper clip it to this document.)*

OR

This amount is consistent with the child support calculation prepared by Mother Father The Court other_____ *(Write MP-300-E in the upper right hand corner of this calculation and paper clip to this document.)*

OR

This amount is not consistent with the child support amount prepared by Child Support Enforcement Division Mother Father The Court or other_____ ; however, this amount is in the best interest of our child because:

(Write MP-300-E in the upper right hand corner all calculations made and documents used in reaching this child support amount and paper clip to this document)

OR

No one has calculated child support at this time. But, Child Support Enforcement Division has opened a case. The CSED case number is _____. Mother Father will file the CSED Child Support Order along with the Request for a Hearing on the Dissolution.

b. Child Support Payments. Choose One.

On or before the first of every month, Mother Father must make payments to Child Support Enforcement Division. Payments must be made to CSED if a party is receiving Title IV-A Benefits (TANF, Family Medicaid), or Title IV-D benefit (if there is an active case with CSED). We can find this law at §40-5-909, M.C.A.

OR

On or before the _____ day of each month, Mother Father must make

payments directly to Mother or Father.

OR

On or before the first of each month, Mother Father must make payments to the Clerk of District Court.

20. Immediate Income Withholding. Choose One.

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

OR

The child support order is exempt from immediate income withholding because:

21. Child Support Termination. Child support payments must continue until: Choose One.

The child turns 18 or graduates from high school, whichever occurs later but no later than when the child turns 19.

OR

Father Mother agrees to continue to pay child support until: _____ because _____.

22. Medical Support. Choose One.

a. The Montana Child Support Enforcement Division or another appropriate agency or court established a medical support order.

Choose One:

The medical support order is included in the attached Child Support Order

OR

The medical support order is separate and I am attaching it. (Write **MP-300-F** in the upper right hand corner of the medical support order and paper clip it to this document.)

OR

The minor children need their medical and dental expenses to be covered. There is no medical support order and the court should adopt the attached medical support order. (Fill out and paper clip Form **MP-300-G** to this document.)

b. 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 one of us is responsible for paying medical costs and expenses and we don't pay, the court may enter a judgment against us for unpaid support. The Court may hold that parent in contempt for non-payment of 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.

NOTICE: 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.

23. Review of Parenting Plan.

We will review this parenting plan with each other when there is a significant change of circumstance. When we disagree about this parenting plan, we will act in the best interest of our children. **Choose One:**

We will:

- Step 1: Try to resolve our issues through informal discussion;
- Step 2: If possible, we will take our issues to a professional mediator.

We agree our first-choice of mediator will be

We agree that Father will pay _____% and Mother will pay _____% of the cost of the mediator.

- Step 3: If we are unable to resolve our issues, we will file a formal motion and ask the court to decide.

OR

Mediation is not appropriate because there is reason to suspect domestic violence and we will ask the judge to decide our issues through a formal motion.

24. Violation of the Parenting Plan.

If a parent has actual knowledge of these parenting plan terms and that parent violates those terms, that person may be charged with a crime, be arrested, have to pay a fine and go to jail. We can find this law at §§ 45-5-631 or 45-7-309 M.C.A.

25. Modification.

The Court can only modify this agreement, if:

- we both agree to the modification, or
- there is a substantial change in circumstances, and one of us files a motion with the court.

NOTICE: The Department of Public Health and Human Services or one of us may request Child Support Enforcement Division modify our child support order if one of us is receiving services under Title IV-A of the Social Security Act, or Child Support Enforcement Division is providing enforcement services. We can find this law at starting at § 40-5-271(3), M.C.A..

26. Other Provision:

27. Other Provision:

28. Request for Parenting Plan be Ordered by the Court. Petitioner Respondent
Co-Petitioners request(s) the Court adopt this Parenting Plan as the final and enforceable Parenting Plan.

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__.

Sign Here: _____ Print Name: _____

Petitioner Respondent Co-Petitioner

(Only fill out this section if you are filing an agreed parenting plan)

Dated this _____ day of _____, 20__.

Other Parent Sign Here: _____ Print Name: _____
 Petitioner Respondent Co-Petitioner

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

Order by the Court

- The Court found this parenting plan in the best interests of the children.
- The Judge's signature on this document makes this plan the parenting plan parties must follow.

DATED this _____ day of _____, 20__.

DISTRICT COURT JUDGE

<p>_____,'</p> <p style="text-align: right;"><input type="checkbox"/> Petitioner,</p> <p>and</p> <p>_____,'</p> <p style="text-align: right;"><input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner.</p>	<p>Case No: _____</p> <p>Attachment: Parenting Time Schedule</p>
---	--

1. Children Covered by this Schedule

Each of our children

OR

List: _____

NOTE: All of our minor children must be covered under a parenting time schedule.

2. Parenting time

The mother's father's parenting time will be as follows:

Choose all that apply:

Weekends:

The 1st 2nd 3rd 4th weekend(s) of the month and the 5th weekend in odd even every month(s). The first weekend of the month is the first weekend with a Saturday.

Weekend parenting time begins:

(day of week) _____ at (time) _____ a.m. p.m.

and ends:

(day of week) _____ at (time) _____ a.m. p.m.

Weekdays:

Monday Tuesday Wednesday Thursday Friday

from _____ a.m. p.m. to _____ a.m. p.m.

Other: _____

a. The other parent's parenting time will be for all time not listed above.

3. Child Care Options. Choose one if applicable:

If either parent is unable to care for the children during their scheduled parenting time, that parent shall arrange appropriate substitute care for the children.

If either parent is unable to care for the children for longer than _____ during their scheduled parenting time, that parent shall contact the other parent and offer the other parent the opportunity to provide care for the children before arranging for substitute care.

Other (specify): _____

4. Transportation for Our Children.

a. Our children will only be driven by a licensed and insured driver. The vehicle must have legal and age-appropriate restraint devices.

Choose one:

The parent whose parenting time is starting ending is responsible for transporting our children.

OR

Each parent is responsible for transporting our children to and from parenting time and will meet at _____ to exchange our children at the beginning and end of each parenting time.

OR

Other (specify): _____.

b. Transportation cost.

Choose One:

Transportation costs will be paid for by the parent responsible for transporting our children.

OR

Other: _____.

c. (Optional) Supervised Exchanges. Exchanges of the children must be supervised as follows: _____

_____.

<p>_____ ,</p> <p style="text-align: right;"><input type="checkbox"/> Petitioner,</p> <p>and</p> <p>_____ ,</p> <p style="text-align: right;"><input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner.</p>	<p>Case No: _____</p> <p>Attachment: Holidays, Vacation, and Special Occasions</p>
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1. Children Covered by this Schedule

All our children

OR

List: _____

*A separate form **MP-300-B** is attached for each of our minor children.*

2. Special Schedule Rules

- a. There are specific tables for holiday, school breaks, vacation, and special occasions.
- b. If a single day holiday falls on a Friday or a Monday, we will treat this as a three-day weekend unless we indicate differently on the Holiday chart.
- c. Unless we specify different times, all single day holidays will start at _____ a.m. and end at _____ p.m.
- d. Any three-day weekend, holiday, school break, or special occasion that is not specified will be spent with the parent who would normally have that time.
- e. If there is a conflict between the different schedules that have our children scheduled to be with both of us on the same day, we will resolve this conflict by using the following ranking to determine who our children will be with.
- f. Rank the order of priority, with 1 being the highest priority

	Special Occasions
	School Breaks
	Holiday
	Regular parenting time schedule

3. Special Occasions. Complete all rows that apply.

Special Occasions	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
Mother's Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Father's Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Child's birthday (name: _____) (date:_____)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Child's birthday (name: _____) (date:_____)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Child's birthday (name: _____) (date:_____)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Mother's birthday			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Father's birthday			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Other: <i>(specify event and date)</i>							
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

(Optional) Additional Notes on Special Occasions: _____

4. School Breaks. Complete all rows that apply.

School Breaks	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
Spring Break			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Summer Break			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Winter Break			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Other: (specify event and date)							
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

(Optional) Additional notes on School Breaks:

5. Holidays. Complete all rows that apply.

Holiday	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
January 1			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Martin Luther King's Birthday (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
President's Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Memorial Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

July 4 th			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Labor Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Columbus Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Halloween			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Holiday	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
Veterans Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Thanksgiving			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Christmas Eve			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Christmas Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
New Year's Eve			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Other: <i>(specify event and date)</i>							
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

(Optional) Additional notes on Holidays:

<p>_____, <input type="checkbox"/> Petitioner, _____, <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p>Case No: _____</p> <p>Attachment: Limited Parenting Time</p>
---	---

1. Children Covered by this Schedule

Each of our children

OR

List: _____

2. Limitations. Choose all that apply.

a. Mother's Father's Other: _____ parenting time is limited in the following way: _____

If there is a cost to this limitation, that cost will be divided ___% Mother ___% Father.

Limitations will continue until: _____.

b. Mother's Father's Other: _____ parenting time must be supervised by: _____

If there is a cost to supervision, that cost will be divided ___% Mother ___% Father.

Supervision will continue until: _____.

c. Other: _____

<p>_____, <input type="checkbox"/> Petitioner, _____, <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p>Case No: _____</p> <p>Attachment: Description of Existing Medical Coverage</p>
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A. Current Coverage. Choose All That Apply.

- i. The child(ren) are presently covered under the following insurance plan:

Carrier Name:

Policy No.:

Petitioner Respondent must continue to provide medical coverage through this plan as long as it is available at a reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.

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

- iii. The child(ren) are not covered under an existing insurance plan.

- a. Respondent Petitioner is required to obtain individual health coverage for the child. Cost for medical coverage including premiums, deductibles, uncovered expenses, and copayments will be divided ___% to Petitioner and ___% to Respondent.

- b. Cost for obtaining individual health coverage for the child is unreasonable or not cost effective because:_____.

Respondent Petitioner is responsible for obtaining health coverage for the child when it becomes available to the parent at a reasonable cost. Cost for the medical coverage including premiums, deductibles, uncovered expenses, and copayments will be divided ___% to Petitioner and ___% to Respondent.

NOTICE: The cost of medical insurance or health benefit plan may be considered in a child support calculation if it is known at the time of calculation, but it is not necessarily a dollar for dollar credit.

B. Contingency Medical Support.

If the minor child(ren) are either (i) covered by Medicaid, (ii) are not covered under an existing insurance plan, or (iii) if the existing coverage becomes no longer available, the following provisions shall apply:

- a. The Petitioner must provide medical coverage for the child(ren), as long as it is available at reasonable cost, and as long as there is no other insurance plan that will better serve the parties.
- b. The Respondent must provide medical coverage for the child(ren), as long as it is available at reasonable cost, and as long as there is no other insurance plan that will better serve the parties.
- c. Both parties must provide insurance, if both parents have insurance plans that are at a combined reasonable cost and whose benefits are complementary or compatible with each other.
- e. If the primary parent has obtained individual insurance or a health benefits plan for the child, both parents may agree in writing to share the costs of maintaining the coverage.
- f. If circumstances change and a party believes that changes in cost are not reasonable or cost-beneficial, the party may ask the court to change the medical support order.

Montana _____ Judicial District Court
Number of the judicial district where you are filing

County
Name of the county where you are filing

In re the Marriage of:/ Parenting of:

minor child(ren);

_____,
Petitioner,

and

_____,
Respondent.

Cause No.: _____
Dept. No.: _____

**Order to Show
Cause**

Based on the Petitioner's/ Respondent's Motion and Supporting Affidavit,
this Court finds good cause for hearing the Motion to Amend Parenting Plan.

This Court orders:

1. A hearing in this matter is scheduled for:

- Date: _____
mm/dd/yyyy
- Time: _____
- Place: _____ County Courthouse

2. **To the person who did not file the Motion to Amend Parenting Plan in this case:** You should go to the scheduled hearing and tell the Court if there are any reasons why the other parent's Proposed Amended Parenting Plan should not be granted. If you do not appear, the Court may grant the other parent's motion by default judgment.

3. **To the person who filed the Motion to Amend Parenting Plan:** You must go to the hearing and tell the Court why your motion should be granted. You must also personally serve a copy of this Order to Show Cause on the other parent at least ten (10) days before the hearing.

Date: _____

DISTRICT COURT JUDGE

Your name

Your mailing address

City State Zip

Your phone number

Petitioner/ **Respondent**

Note: If you were the Respondent in your original parenting or custody case, you are still the Respondent. If you were the Petitioner, you are still the Petitioner. The caption below should be filled out exactly like it was in your original case. Even the cause number will be the same.

Montana _____ **Judicial District Court**

Number of the judicial district where you are filing

_____ **County**

Name of the county where you are filing

In re the Marriage of: / Parenting of:

minor child(ren);

_____,
Petitioner,

and

_____,
Respondent.

Cause No.: _____

Dept. No.: _____

Request to Serve Documents

To the Sheriff of _____ County:

Please serve (*full name of other parent*) _____ with the attached Order to Show Cause (original and one copy), Motion to Amend, Supporting Affidavit, and Proposed Amended Parenting Plan.

I have also attached (*Choose One*):

My Order of Inability to Pay Filing Fees which waives the fee for service in this matter.

or

\$_____ to cover the fee for service in this matter.

1. Here is a brief description of how the other parent looks: _____

2. The other parent:

does not carry a weapon.

carries a weapon.

3. At present, the person to be served can be found:

At his/her home:

Times person is at home: _____.

At his/her place of work: _____.

Times person is at work: _____.

Other: _____.

Times person is at this address: _____.

Please serve these papers as soon as possible. Please return the original Order to Show Cause to me at the address above, along with proof that service was made.

Date: _____

Your Signature

Print Name

Record of Service (for Sheriff=s use only)

I hereby certify that (Choose One):

- I personally served the Order to Show Cause and the accompanying documents listed herein on the non-moving party by delivering a copy of said Order and documents to him/her personally on (mm/dd/yyyy) _____ in the County of _____, State of _____.
- After due effort, I was unable to locate or serve the non-moving party in the County of _____, State of _____.

DATED this _____ day of _____, 20_____.

Sheriff

By: _____
Deputy Sheriff

Montana _____ Judicial District Court
Number of the judicial district where you are filing

_____ County
Name of the county where you are filing

In re the Marriage of: / Parenting of:

minor child(ren);

_____,
Petitioner,

and

_____,
Respondent.

Cause No.: _____

Dept. No.: _____

**Order Amending
Parenting Plan**

A Motion to Amend Parenting Plan was filed with this court on (date) _____.

The matter came for hearing on (mm/dd/yyyy) _____. The non-moving party was served on (mm/dd/yyyy) _____ with the Order to Show Cause.

Choose All That Apply:

- The non-moving party did not respond or otherwise appear.
- The non-moving party filed an opposing affidavit on (date) _____.

The non-moving party appeared at the hearing pro se/ represented by (*name of lawyer*):_____.

Based on the parties= affidavits and the evidence, the Court finds:

Findings of Fact

1 Mother's Information

Name: _____

Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ County: _____

2 Father's Information

Name: _____

Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ County: _____

3 Children's Information

The parties have _____ child(ren) younger than 18 years old.

Child's Full Name	Age of Child

4 Prior Parenting Plan

This court entered the parties' final parenting plan on
(*mm/dd/yyyy*):_____.

5 Change in Circumstances

Circumstances have/ have not changed since the court entered the parties' final parenting plan. The adoption of a new Amended Parenting Plan is/ is not in the best interests of the children.

Conclusions of Law

1 Jurisdiction

This Court ordered a final parenting plan in this action. This Court has exclusive and continuing jurisdiction under Mont. Code Ann. ' 40-7-202.

2 Amendment of Parenting Plan

Choose All That Apply:

There has not been a sufficient change in circumstances to justify the amendment of the prior parenting plan. It is in the best interest of the child(ren) that the current parenting plan remain in effect. Mont. Code Ann. § 40-4-219(1).

A change in circumstances occurred since the prior parenting plan was entered. The Petitioner's/ Respondent=s Proposed Amended Parenting Plan is necessary to serve the best interests of the child(ren).
Mont. Code Ann. § 40-4-219(1).

The Parenting Plan must be changed because one of the parent's has died. Mont. Code Ann. ' ' 40-4-219(6) and 40-4-221.

One of the parent's did not act in the child(ren)'s best interest by not allowing the other parent to see the child(ren) or trying to keep the other parent from seeing the child(ren). Mont. Code Ann. ' 40-4-219(3).

