
Name

Mailing Address

City, State Zip Code

Phone Number
Petitioner appearing without a lawyer

Name

Mailing Address

City, State Zip Code

Phone Number
Co-Petitioner appearing without a lawyer

Provide your contact information so the District Court can contact you.

Note: The other party's information goes here if, ONLY if you are filing together.

MONTANA Enter # Here JUDICIAL DISTRICT COURT Your County COUNTY

Tell the Court what kind of case this is.

In re the Parenting of: All kids INITIALS go here,

OR

In re the Marriage of:

Name of person who filed Petition goes,

Petitioner,

and

Name of person being served goes here,

Co Petitioner Respondent.

Case No:

(leave blank, the clerk will write in)

Notice and Acknowledgment to Deputy Attorney General with the Child Support Enforcement Division

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

A petition to:

dissolve this marriage and establish a parenting plan

OR

establish a parenting plan, including child support was filed in district court.

A copy of the petition and proposed parenting plan is attached to this notice.

Dated this _____ day of _____, 20__.

Party who filed Petition signs here

Petitioner appearing without a lawyer (*sign here*)

Print Name

Leave blank if not filed jointly

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

Print Name

CERTIFICATE OF MAILING

On **Fill in with date you mailed documents to CSED**, 20__, I sent by mail, postage prepaid, the following documents:

The boxes are already marked for the forms you are sending to CSED.

Notice and Acknowledgment to Deputy Attorney General with the Department of Health and Human Services, Child Support Enforcement Division

Petition for Dissolution of Marriage With Children

Petitioner's Proposed Parenting Plan

If you have any additional forms to mail to CSED you will list them on the blank lines here and check the boxes.

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

Insert address for CSED office responsible for your county.

(Street)

(City) (State) (Zip)

Date of Signing

Date *(the date you signed this)*

By signing the Certificate of Service, you promise the court that you have mailed copies to the other party on the date you listed.

Petitioner appearing without a lawyer *(sign here)*

Print Name

Leave blank if not filed jointly

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

Leave blank if not filed jointly

Print Name

NOT TO FILE

MONTANA Enter # Here JUDICIAL DISTRICT COURT Your County COUNTY

Tell the Court what kind of case this is.

- In re the Parenting of:
All kids INTIALS go here,
OR
 In re the Marriage of:
Name of person who file Petition goes,
 Petitioner,
and
Name of person being served goes here,
 Co Petitioner Respondent.

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 Petitioner's Notice to Child Support Enforcement Division and a copy of the Petition and Proposed Parenting Plan.

Dated this ____ day of _____, 20__.

NOTICE: After completing the top caption, you will SKIP the remainder of this form. The rest will be filled out by the Child Support Enforcement Division.

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 ENFORCEMENT DIVISION

On _____ day of _____, 20____, I sent by mail, postage prepaid, the Acknowledgment by Child Support Enforcement Division

To: Clerk of Court _____

Fill in the information for the Clerk of Court so CSED can sign and send it back.

(Street)

(City)

(State)

(Zip)

Date of Signature

Leave this signature block blank for a CSED representative.

Signature

Print Name and Title