

# How to File for Joint Dissolution of Marriage Without Children

## DISCLAIMER

**Information Not Legal Advice.** This document has been prepared for general information purposes only. The information provided is not legal advice. Legal advice is dependent upon the specific circumstances of each situation. Also, the law may vary from state to state, so that some information may not be correct for your jurisdiction. Finally, the information contained in this document is not guaranteed to be up to date. The information cannot replace the advice of competent legal counsel licensed in your state.

## What is the Process?

**NOTE:** The steps for filing for a dissolution may be slightly different in your judicial district. Always check with the Clerk of District Court in your district to make sure that you are following the right procedures.

### Need Privacy?

Unless you ask the Court to protect information, everything filed with the court may be viewed by the public. Separate forms may be filed to protect information in your case files from being available for public view. These forms are available in the Privacy Protection Packet, available at <http://courts.mt.gov/library> "Forms," at [www.MontanaLawHelp.org](http://www.MontanaLawHelp.org) or by calling or visiting your local Self Help Law Center.

**NEED HELP?** There are resources available to assist you in filling out these forms.

**The Court Help Program.** The Court Help Program provides assistance to people representing themselves in court. There are self help law centers located throughout the state to assist you on a walk in basis and travelling appointments to other courthouses. Self help staff are not lawyers and cannot provide legal advice. Staff are informed about the court process and can answer many questions as well as review your forms for completeness. Find the Court Help services near you: <http://courts.mt.gov/selfhelp>

**Montana Legal Services Association.** Montana Legal Services Association coordinates volunteer attorney legal resources at a free or reduced cost. If you qualify financially for assistance, Montana Legal Services may connect you with a pro bono attorney, an attorney at a reduced fee, or local attorney resources in your area. Visit [www.montanalawhelp.org](http://www.montanalawhelp.org), [www.mtlsa.org](http://www.mtlsa.org), or call MLSA at 1-800-666-6899.

**State Bar of Montana.** If you are interested in hiring an attorney to advise you or represent you in this matter, the State Bar Lawyer and Information Referral Service is a database of attorneys. You can be connected with attorneys for any place in the state to

help your family legal matter. Access the Lawyer Referral and Information Service by visiting [www.montanabar.org](http://www.montanabar.org) or calling 1(406)449-6577.

**STEP ONE: Fill out the forms you need.** Read all of the forms listed in Step two to determine which forms will be most appropriate for your situation. Fill out these forms completely. To file for a joint dissolution, you and your spouse will need to work together to prepare documents and exchange information. Be sure to read “Introduction to Family Law in Montana” before you begin filling out the forms. It will highlight the major decisions you will have to make.

**STEP TWO: Work with your spouse.**

In Step Three, you will file documents with the court. Before you are able to do so, you must communicate with your spouse to prepare forms and exchange information.

You and/or your spouse will need to fill out the Joint Petition for Dissolution without Minor Children **MP 115**. Both you and your spouse must agree to and sign the document.

You and your spouse need to complete a Final Property Distribution **MP 500**.

Both you and your spouse need to complete a Declaration of Disclosure of Income and Expenses **MP 510**. You must then exchange the documents with each other. In the Joint Petition, you must state that you and your spouse have exchanged these documents.

**STEP THREE: File Documents with the Court.**

Court documents for a Joint Dissolution without Children are filed at the Clerk of District Court office in the county where you or your Spouse are living. After filling out the appropriate forms, make 2 sets of copies (3 sets of forms total) of the forms that start your case. Take all of the copies with you to the Clerk of District Court office.

The original set of forms will be kept by the Clerk of Court. You and your spouse will each keep one copy of the documents. Store your copy in a safe place.

Here is a list of the forms you need to complete and file with the Clerk of Court:

1. Joint Petition for Dissolution without Minor Children **MP 115**  
**\*Both you and your spouse must agree to and sign the Joint Petition**
2. Final Proposed Property Distribution **MP 500**
3. Declaration of Disclosure of Income and Expenses **MP 510**  
**\*Both you and your spouse must complete your own**
4. Dissolution Decree **MP 713**
5. Request for Hearing **MP 701**

6. Court Order Granting Hearing **MP 714**
7. **Optional:** Consent to Entry of Decree **MP 730** (use this form if your spouse can't be at the hearing)
8. Vital Statistics form. You can find this form in the back of the packet or online at [dphhs.mt.gov/CSED](http://dphhs.mt.gov/CSED). File this form with the Clerk of Court when you file your other paperwork.
9. Final Dissolution Decree No Minor Children **MP 713**

Instructions for filing a Joint Affidavit for Entry of Decree Without Hearing  
Joint Affidavit can be found on [courts.mt.gov](http://courts.mt.gov)

### **WHEN FILING A JOINT AFFIDAVIT FOR ENTRY OF DECREE:**

- 1) Prepay the \$45.00 Judgement fee (unless previously waived by the Court).
- 2) Provide the Clerk of District Court with pre-addressed stamped envelopes for all parties that are large enough to accommodate the Final Decree and any certified copies you are requesting.
- 3) **KEEP IN MIND** if you need Certified copies of the Final Decree (in dissolution cases where you are changing your name) you should also pre-pay the \$2.00 fee per document to save you a trip back to the Justice Center. You may write one check to the Clerk of District Court to cover all those fees.

There is a charge for filing for dissolution in Montana. If you have financial hardship and cannot afford to pay the court, you may fill out a Form titled "Affidavit of Inability to Pay Filing Fee," available <http://courts.mt.gov/library> and at [www.MontanaLawHelp.org](http://www.MontanaLawHelp.org) or by calling or visiting your local Self Help Law Center.

### **STEP FOUR: Attend Your Hearing.**

In Step Three, you requested a hearing. If the Judge has received everything he or she needs, a hearing will be scheduled for you.

Attending your hearing is very important. Both you and your spouse should attend the hearing. If your spouse can't go to the hearing, your spouse will need to complete and sign form **MP 730**, Consent to Entry of Decree. This form lets the judge enter a Final Decree without your spouse being present at the hearing.

The judge will ask you questions about your marriage at the hearing. This is the time for the judge to make a decision on your dissolution. After the judge has made a decision, the Judge will sign the Final Dissolution Decree which you have already completed and filed.

### **STEP FIVE: File the Signed Decree.**

Immediately after your hearing, you may need to file the signed Final Dissolution Decree with the Clerk of District Court. The judge may give you the signed Decree and tell you to

take it to the Clerk of Court to file. The judge may also return the court's file and the signed Decree to the Clerk of Court for filing. Either way, you and your spouse should each request a copy of the Decree.

Keep your copy of the Decree and Exhibits in a safe place.

## Document Checklist

- ☐ **MP 115** – Joint Petition for Dissolution (2 copies, 3 total)

Attachments:

- ☐ **MP 113 E** - Additional Court Cases

- ☐ **MP 500** – Property Distribution / Signed by Judge: \_\_\_\_\_ (2 copies, 3 total)

Attachments:

- ☐ **MP 500 A** – Additional Real Property
- ☐ **MP 500 B** – Additional Vehicle
- ☐ **MP 500 C** – Additional Accounts
- ☐ **MP 500 D** – Additional Debts

- ☐ **MP 510** – Income and Expenses (2 copies, 3 total)

Attachments:

- ☐ **MP 510 A** – Additional Income
- ☐ **MP 510 B** – Additional Expenses

- ☐ **MP 701** – Request for Hearing and Statement of Compliance with Financial Disclosure
- ☐ **MP 714** – Order Granting Hearing on Dissolution
- ☐ **MP 713** – Dissolution Decree/ Signed by Judge: \_\_\_\_\_
- ☐ **MP 704** – Notice of Entry of Decree
- ☐ **MP 730** – Consent to Entry of Decree
- ☐ **Vital Statistics**



## Filing Process for a Joint Dissolution without children

### Step 1: Filing Initial Documents (Petitioner)

1. **MP-115** Petition (Attachments used when necessary)
  - a. **MP-113B** Additional Children
  - b. **MP-113C** Additional Residences for Children
  - c. **MP-113D** Additional People Who Claim Custody
  - d. **MP-113E** Additional Court Cases
2. **MP-500** Proposed Property Distribution
  - a. **\*MP-510** Final Declaration of Disclosure of Income and Expenses (Does not need to be filed)
3. **MP-701** Request for Hearing and Statement of Compliance
4. **MP-714** Order Granting Hearing on Dissolution with Parenting Plan
5. **MP-713** Dissolution Decree with Children



### Step 2: Attend Final Hearing

1. **MP-730** Consent to Entry of Decree (Filed with court if one party cannot attend final hearing)

\_\_\_\_\_  
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: _____	\$	\$
<b>Total here:</b>	\$	\$

**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

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

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Ordered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Presiding Judge

\_\_\_\_\_  
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

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\_\_\_\_\_  
Petitioner / Plaintiff,  
  
and  
\_\_\_\_\_  
Respondent / Defendant.

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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.**

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<b>Total here:</b>	\$	\$

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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: ☐

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**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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☐ IN THE JUSTICE COURT OF \_\_\_\_\_ COUNTY, STATE OF MONTANA  
☐ IN THE MUNICIPAL OR CITY COURT OF \_\_\_\_\_, MONTANA

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

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Ordered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Presiding Judge

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address (optional)

☐ Petitioner ☐ Co-Petitioner 1

☐ Respondent ☐ Co-Petitioner 2

**MONTANA** \_\_\_\_\_ **JUDICIAL DISTRICT COURT,** \_\_\_\_\_ **COUNTY**

In re the Marriage of:

\_\_\_\_\_,

☐ Petitioner / ☐ Co-Petitioner 1,

and

\_\_\_\_\_,

☐ Respondent / ☐ Co-Petitioner 2.

**Case No:** \_\_\_\_\_

*(leave blank, the clerk will write in)*

**Petition for Dissolution of  
Marriage**

**Without Minor Children**

**1. Jurisdiction.**

- a. Either spouse meets the residency requirements in §40-4-104, M.C.A. For 90 days before filing this case, either spouse lived or was stationed in Montana.
- b. Our marriage is irretrievably broken because there is serious marital discord which adversely affects the attitude of one of both parties toward the marriage, and there is no reasonable prospect of reconciliation or we lived separate and apart for at least 180 days before this case was filed.

**2. You are the Petitioner / Co-Petitioner 1. Your information:**

Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Your e-mail address (optional): \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Your Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Your Year of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Your occupation: \_\_\_\_\_

How long have you lived in this county? \_\_\_\_\_

How long have you lived in Montana? \_\_\_\_\_

**3. Your spouse is the Respondent / Co-Petitioner 2. Your spouse's information:**

Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Spouse's e-mail address (optional): \_\_\_\_\_

Spouse's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Spouse's Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Spouse's Year of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

How long has your spouse lived in this county? \_\_\_\_\_

How long has your spouse lived in Montana? \_\_\_\_\_

**4. Your marriage. Choose one.**

☐ We were married on (date) \_\_\_\_\_. We filed our marriage license in \_\_\_\_\_ County, State of \_\_\_\_\_.

**OR**

☐ We were married at common law as of (date) \_\_\_\_\_. We assumed a marital relationship by mutual consent and agreement. We confirmed our marriage by living together and by public knowledge.

**OR**

☐ We filed a declaration of marriage on (date) \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_.

**5. Separation. Choose one.**

☐ We physically separated on (date) \_\_\_\_\_.

**OR**

☐ We have not yet physically separated.



**6. Pregnancy. Choose one.**

☐ Neither spouse is pregnant.

**OR**

☐ One spouse is pregnant and the other is not the parent.

**Notice:** You can't use this form if a spouse is pregnant and the other spouse is the child's parent.

**7. Preliminary Disclosure. Choose one:**

☐ I have filled out **Form MP-500** Property Distribution and **Form MP-510** Disclosure of Income and Expenses and have served my spouse with them.

**OR**

☐ Within 60 days I will fill out **Form MP-500** Property Distribution and **Form MP-510** Disclosure of Income and Expenses and will serve my spouse with them.

**8. Property Distribution.**

We have marital property, including personal property, real property, other assets, liabilities, and/or debts that need to be distributed as we agree or by the court.

I ask the court to distribute our marital property as described in **Form MP-500** Financial Disclosure and Proposed Property Distribution. I filed this document separately.

**9. Former Name. Choose one.**

☐ Petitioner / Co Petitioner 1 requests the Court restore their previous name:  
\_\_\_\_\_ (First, Middle, Last).

**OR**

☐ Co Petitioner 2 requests the Court restore their previous name:  
\_\_\_\_\_ (First, Middle, Last).

**Notice:** You can only use this option if Co Petitioner 2 signs this Petition.

**OR**

☐ I want to keep my current name.

**10. Maintenance. Choose One.**

☐ I am not requesting maintenance.

**OR**

☐ I am requesting my spouse pay me \$\_\_\_\_\_ per month until (date)\_\_\_\_\_ for maintenance. The payment must be made on the \_\_\_\_ of each month directly to me.

**OR**

☐ I am requesting to pay my spouse \$\_\_\_\_\_ per month until (date) \_\_\_\_\_ for maintenance. The payment must be made on the \_\_\_\_ of each month directly to my spouse.

I am requesting maintenance because I lack sufficient property to support myself and I am unable to gain employment sufficient to support myself or I need to care for a child with special needs.

**11. Other:**

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**I ask the court to take the following action:**

1. Enter a decree of dissolution of marriage dissolving our marriage;
2. Grant each party the marital property, including personal property, real property, other assets, liabilities, and/or debts as stated in the Petitioner's Financial Disclosure and Proposed Property Distribution filed separately.
3. If I asked the Court to do so, restore me to my former name.
4. If I asked the Court to do so, enter an order for maintenance.
5. If the Court deems proper, award me my attorneys' fees and court costs pursuant to §40-4-110, MCA.
6. Other:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
7. And for any other relief this court decides is just and proper.

**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. By signing this Petition I further acknowledge that I am subject to the Automatic Economic Restraining Order in**

**the Summons issued by the Clerk of Court in this case.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

City \_\_\_\_\_ State \_\_\_\_\_

Sign Here: \_\_\_\_\_

Print Name: \_\_\_\_\_

☐ Petitioner / ☐ Co-Petitioner 1

*(Only complete this section if you are filing jointly as Co-Petitioners)*

**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. By signing this Petition I further acknowledge that I am subject to the Automatic Economic Restraining Order in the Summons issued by the Clerk of Court in this case.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

City \_\_\_\_\_ State \_\_\_\_\_

Other spouse sign here: \_\_\_\_\_

Print Name: \_\_\_\_\_

Co-Petitioner 2

<p>_____,  <input type="checkbox"/> Petitioner <input type="checkbox"/> Co Petitioner,</p> <p>_____,  <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p><b>Case No:</b> _____</p> <p><b>Attachment: Additional Court Cases</b></p>
--	---

☐ Other: *(describe)* \_\_\_\_\_  
 Court: \_\_\_\_\_ Case No: \_\_\_\_\_  
 I participated as a ☐ party ☐ witness ☐ other: \_\_\_\_\_  
☐ I didn't participate.

☐ Other: *(describe)* \_\_\_\_\_  
 Court: \_\_\_\_\_ Case No: \_\_\_\_\_  
 I participated as a ☐ party ☐ witness ☐ other: \_\_\_\_\_  
☐ I didn't participate.

☐ Other: *(describe)* \_\_\_\_\_  
 Court: \_\_\_\_\_ Case No: \_\_\_\_\_  
 I participated as a ☐ party ☐ witness ☐ other: \_\_\_\_\_  
☐ I didn't participate.

☐ Other: *(describe)* \_\_\_\_\_  
 Court: \_\_\_\_\_ Case No: \_\_\_\_\_  
 I participated as a ☐ party ☐ witness ☐ other: \_\_\_\_\_  
☐ I didn't participate.

☐ Other: *(describe)* \_\_\_\_\_  
 Court: \_\_\_\_\_ Case No: \_\_\_\_\_  
 I participated as a ☐ party ☐ witness ☐ other: \_\_\_\_\_  
☐ I didn't participate.

☐ Other: *(describe)* \_\_\_\_\_  
 Court: \_\_\_\_\_ Case No: \_\_\_\_\_  
 I participated as a ☐ party ☐ witness ☐ other: \_\_\_\_\_  
☐ I didn't participate.

**MP-113-E Additional Court Cases**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address (optional)

☐ Petitioner ☐ Co-Petitioner 1

☐ Respondent ☐ Co-Petitioner 2

**Appearing without a lawyer**

**MONTANA** \_\_\_\_\_ **JUDICIAL DISTRICT COURT,** \_\_\_\_\_ **COUNTY**

In re the Marriage of:

\_\_\_\_\_,  
☐ Petitioner ☐ Co-Petitioner 1,

and

\_\_\_\_\_,  
☐ Respondent ☐ Co-Petitioner 2.

Case No: \_\_\_\_\_

☐ **Petitioner** ☐ **Respondent**

☐ **Agreed** ☐ **Court Ordered**

☐ **Proposed** ☐ **Amended**

**Property Distribution**

**Warning: Montana law, §40-4-252, M.C.A. requires the full disclosure of all assets, debts, income, and expenses. I understand that I am required to tell my spouse about all of the assets, debts, income and expenses that I know about. My spouse is required to do the same for me.**

**This Proposed Property Distribution along with Form MP-510 Disclosure of Income and Expenses has been served on my spouse.**

**If I don't tell my spouse about something, the court may give me a penalty. The court gets to decide what the penalty will be. I am giving all of the information I know about the assets and debts listed on this form and writing "unknown" in the spaces for the information I don't know.**

**1. Real Property.** Real property is land and the building(s) on the land. Real property also includes part ownership, for example when all the members of a family share a ranch. Real property does not include trailer, mobile, or manufactured homes unless the Department of Justice has officially recognized said structure as an improvement to the land pursuant to MCA 15-1-116 and issued appropriate documentation of such as required by law. Any owned parcel upon which a trailer, mobile, or manufactured home sits is real property regardless of the status of said structure.

**Choose One.**

☐ I do not own any real property and my spouse does not own any real property

**OR**

☐ I am listing the real property that my spouse and I own, regardless of whether we own it separately or together. The distribution of any debt(s) associated with the real property(ies) described below is listed in Section 8 dealing with debt distribution.

I/we request distribution as follows:

Description	Value	Name on Deed	Distributed to
Address: _____ _____ Legal Description: _____ _____ _____ Is there a secured debt on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, list all debt information in Section 8</b>			<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other: _____ _____

**Choose one.**

☐ Petitioner / Co-Petitioner 1 ☐ or Respondent / Co-Petitioner 2 shall receive the home as his/her separate property and shall be responsible for all costs associated with the home so long as the home is refinanced no later than (date) \_\_\_\_\_. If the home is not refinanced by that date, for any reason, the parties agree that the home will be sold and the net proceeds divided \_\_\_\_% to Petitioner / Co-Petitioner 1 and \_\_\_\_% to Respondent / Co-Petitioner 2. The home will be listed for sale no more than 30 days after the refinance date. In the event the home is listed for sale and until the home is sold, the parties shall be responsible to pay all costs of the home including but not limited to the mortgage payment, taxes, insurance, maintenance and upkeep with

☐ Petitioner / Co-Petitioner 1 responsible to pay \_\_\_\_% and ☐ Respondent / Co-Petitioner 2 responsible to pay \_\_\_\_%. ☐ Petitioner / Co-Petitioner 1 ☐ or Respondent / Co-Petitioner 2 shall be entitled to live in the home pending the sale of the home.

**OR**

☐ The home will be listed for sale no later than 30 days after the date the Decree of Dissolution is ordered by this court and the net proceeds divided \_\_\_\_% to Petitioner / Co-Petitioner 1 and \_\_\_\_% to Respondent / Co-Petitioner 2. Until the home is sold, the parties shall be responsible to pay all costs of the home including but not limited to the mortgage payment, taxes, insurance, maintenance and upkeep with ☐ Petitioner / Co-Petitioner 1 responsible to pay \_\_\_\_% and ☐ Respondent / Co-Petitioner 2 responsible to pay \_\_\_\_%. ☐ Petitioner / Co-Petitioner 1 ☐ or Respondent / Co-Petitioner 2 shall be entitled to live in the home pending the sale of the home.

**OR**

☐ Petitioner / Co-Petitioner 1 ☐ or Respondent / Co-Petitioner 2 shall have exclusive possession of the home until 90 days after the youngest child reaches the age of 18 or graduates from high school, whichever is later. The home must be listed for sale no later than 90 days after the youngest child turns 18 or graduates from high school whichever is later. The net proceeds of the sale will be divided \_\_\_\_% to Petitioner / Co-Petitioner 1 and \_\_\_\_% to Respondent / Co-Petitioner 2. The parties shall be responsible to pay all costs of the home including but not limited to the mortgage payment, taxes, insurance, maintenance and upkeep with ☐ Petitioner / Co-Petitioner 1 responsible to pay \_\_\_\_% and ☐ Respondent / Co-Petitioner 2 responsible to pay \_\_\_\_% until the home is sold.

**OR**

☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: "Net proceeds" as used in this paragraph includes any escrow refund.

**2. Vehicles.** Any trailer, mobile, or manufactured home, regardless of whether it was constructed before or after 1976, is considered a vehicle unless otherwise deemed an improvement to land by the Department of Justice pursuant to MCA 15-1-116.

***Choose one.***

☐ Neither my spouse nor I have any vehicles.

**OR**

☐ My spouse and I have the following vehicles. The distribution of any debt(s) associated with the vehicle(s) described below is listed in Section 8 dealing with debt distribution.

I/we request distribution as follows:

Description	Value	Name on Title	Distributed to
Year/Make/Model: _____ VIN#: _____  Is there an outstanding loan on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes</b> , list debt information in Section 8.			<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other: _____ _____
Year/Make/Model: _____ VIN#: _____  Is there an outstanding loan on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes</b> , list debt information in Section 8.			<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other: _____ _____
Year/Make/Model: _____ VIN#: _____  Is there an outstanding loan on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes</b> , list debt information in Section 8.			<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other: _____ _____
Year/Make/Model: _____ VIN#: _____  Is there an outstanding loan on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes</b> , list debt information in Section 8			<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other: _____ _____

**3. Bank Accounts, Certificates of Deposit, and Cash. Choose One.**

☐ Neither my spouse nor I have any bank accounts, certificates of deposit, or cash.



OR

☐ I am listing the bank accounts and cash that my spouse and I own, regardless of whether we own them separately or together. I request distribution of the bank accounts and cash as follows:

Description <i>Include name of bank and only the last four digits of the account number</i>	Balance as of ____/____/____	Percentage of Ownership	Distributed to:
		%____ Petitioner / Co-Petitioner 1 %____ Respondent / Co-Petitioner 2 Other:_____	%____ Petitioner / Co-Petitioner 1 %____ Respondent / Co-Petitioner 2 Other:_____
		%____ Petitioner / Co-Petitioner 1 %____ Respondent / Co-Petitioner 2 Other:_____	%____ Petitioner / Co-Petitioner 1 %____ Respondent / Co-Petitioner 2 Other:_____
		%____ Petitioner / Co-Petitioner 1 %____ Respondent / Co-Petitioner 2 Other:_____	%____ Petitioner / Co-Petitioner 1 %____ Respondent / Co-Petitioner 2 Other:_____

**4. Pensions/Retirement Accounts; Life Insurance; Stocks, Bonds, Secured Notes, Health Savings Accounts, and Mutual Funds. Choose One:**

☐ Neither my spouse nor I have any pensions/retirement accounts, life insurance, stocks, bonds, secured notes, health savings accounts, or mutual funds.

OR

☐ My spouse and I have the following pensions/retirement accounts, life insurance, stocks, bonds, secured notes, health savings accounts, or mutual funds and request distribution as follows:

Description	Cash Value	Percentage of Ownership	Distributed to
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____
		%___ Respondent / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____

**5. Personal Property** (including appliances, pets, furniture, jewelry, art, guns, etc.).

I request the following distribution of our personal property:

Description	Value	Current Possession	Distributed to
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other:_____
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other:_____
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other:_____

Description	Value	Current Possession	Distributed to
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other:_____
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other:_____
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other:_____
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	<input type="checkbox"/> Petitioner / Co-Petitioner 1 <input type="checkbox"/> Respondent / Co-Petitioner 2 <input type="checkbox"/> Other:_____

**6. Business Interests** (including equipment, tools, livestock, etc.). **Choose One.**

☐ Neither my spouse nor I have any business interests.

**OR**

☐ My spouse and I have the following business interests and request distribution as follows:

Description	Cash Value	Percentage of Ownership	Distributed to
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____

		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____
--	--	---	---

**7. Other Assets. Choose one.**

☐ Neither my spouse nor I have any other assets.

**OR**

☐ My spouse and I have the following assets and request distribution as follows:

Description	Cash Value	Percentage of Ownership	Distributed to
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____
		%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____	%___ Petitioner / Co-Petitioner 1 %___ Respondent / Co-Petitioner 2 Other:_____

**8. Disclosure of Debts. Choose One.**

☐ Neither my spouse nor I have any debts.

**OR**

☐ My spouse and I have the following debts and request distribution as follows:

Description	Creditor	Amount	Balance As of: _/_/_	Name or Names on Debt Now	Distribute To
<b><u>Home/Real Property Loan(s)</u></b> (including mortgage(s), home equity line of credit(s), and any other secured debts against the real property listed in Section 1, and any attachments):					
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
Description	Creditor	Amount	Balance As of: _/_/_	Name or Names on Debt Now	Distribute To
<b><u>Vehicle Loan(s)</u></b> (Including any debt(s) on the vehicle(s) listed in Section 2, and any attachments):					
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
<b>Past Due Utility Bill(s):</b>					
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____

Description	Creditor	Amount	Balance As of: __/__/__	Name or Names on Debt Now	Distribute To
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
Credit Card(s):					
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
Student Loan(s):					
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____

Past Due Medical Bills:					
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
Other Liabilities:					
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____
					%__ Petitioner / Co-Petitioner 1 %__ Respondent / Co-Petitioner 2 Other:_____

**9. Additional Assets or Debts. *Choose one.***

☐ All of our assets and debts are listed on this form.

**OR**

☐ We have additional assets or debts that do not fit on this form. The additional assets or debts are listed on additional pages attached to this form, or on optional attachment forms MP-500-A, MP-500-B, MP-500-C, or MP-500-D which are attached to this form.

**10. Other:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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\_\_.

City \_\_\_\_\_ State \_\_\_\_\_

Sign Here: \_\_\_\_\_

Print Name: \_\_\_\_\_

☐ Petitioner / Co-Petitioner 1

☐ Respondent

*(Only complete this section if you are filing jointly as Co Petitioners)*

**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\_\_.

City \_\_\_\_\_ State \_\_\_\_\_

Other spouse sign here: \_\_\_\_\_

Print Name: \_\_\_\_\_

☐ Co-Petitioner 2

---

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

### **ORDER BY THE COURT**

- The Court found this property distribution to be equitable.
- The Court orders the parties to follow the terms of this property distribution.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

---

☐ DISTRICT COURT JUDGE / ☐ STANDING MASTER



<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: right; margin-bottom: 10px;"><input type="checkbox"/> Petitioner,</div> <div style="margin-bottom: 10px;">and</div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="text-align: right;"><input type="checkbox"/> Respondent   <input type="checkbox"/> Co Petitioner.</div>	<div style="margin-bottom: 20px;"><b>Case No:</b> _____</div> <div><b>Attachment: Additional Accounts Sheet</b> _____ <b>of</b> _____.</div>
---	--

Description <i>Include name of bank and only the last four digits of the account number</i>	Cash Value as of __/__/__	Percentage of Ownership	Distributed to:
		%__ Petitioner  %__ Co-Petitioner	%__ Petitioner  %__ Co-Petitioner Other:_____
		%__ Petitioner  %__ Co-Petitioner	%__ Petitioner  %__ Co-Petitioner Other:_____
		%__ Petitioner  %__ Co-Petitioner	%__ Petitioner  %__ Co-Petitioner Other:_____

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right; margin-bottom: 10px;"><input type="checkbox"/> Petitioner,</div> <div style="margin-bottom: 10px;">and</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right;"><input type="checkbox"/> Respondent   <input type="checkbox"/> Co Petitioner.</div>	<div style="margin-bottom: 20px;"><b>Case No:</b> _____</div> <div><b>Attachment: Additional Debts Sheet</b> ____ <b>of</b> ____.</div>
---	---

Description	Creditor	Amount	Percentage of Responsibility	Distributed to
			%__ Petitioner %__ Co-Petitioner	%__ Petitioner %__ Co-Petitioner
			%__ Petitioner %__ Co-Petitioner	%__ Petitioner %__ Co-Petitioner
			%__ Petitioner %__ Co-Petitioner	%__ Petitioner %__ Co-Petitioner
			%__ Petitioner %__ Co-Petitioner	%__ Petitioner %__ Co-Petitioner
			%__ Petitioner %__ Co-Petitioner	%__ Petitioner %__ Co-Petitioner
			%__ Petitioner %__ Co-Petitioner	%__ Petitioner %__ Co-Petitioner
			%__ Petitioner %__ Co-Petitioner	%__ Petitioner %__ Co-Petitioner
			%__ Petitioner %__ Co-Petitioner	%__ Petitioner %__ Co-Petitioner

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address (optional)  
☐ Petitioner ☐ Respondent ☐ Co Petitioner

**Appearing without a lawyer**

**MONTANA** \_\_\_\_\_ **JUDICIAL DISTRICT COURT,** \_\_\_\_\_ **COUNTY**

In re the Marriage of:

\_\_\_\_\_,  
☐ Petitioner,

and

\_\_\_\_\_,  
☐ Respondent ☐ Co Petitioner.

**Case No:** \_\_\_\_\_

☐ **Petitioner** ☐ **Respondent**  
☐ **Co-Petitioner** ☐ **Amended**

**Disclosure of Income and  
Expenses**

**Warning: Montana law, §40-4-252, M.C.A. requires the full disclosure of all assets, debts, income, and expenses. I understand that I am required to tell my spouse about all of the assets, debts, income and expenses that I know about. My spouse is required to do the same for me.**

**This Disclosure of Income and Expenses along with Form MP-500  
Proposed Property Distribution has been served on my spouse.**

**If I don't tell my spouse about something, the court may give me a penalty.  
The court gets to decide what the penalty will be. I am providing all of the  
information I know about the income and expenses listed on this form and writing  
"unknown" in the spaces for the information I don't know.**

NOTE: This Document is served on the **other party only** and **cannot be filed with the Court** unless the Court specifically orders you to file it. The following is being served as required by §§ 40-4-252 through 254, M.C.A.

### 1. Disclosure of Income

Source of Income		Amount per Month
Gross Wages, Salary, Commissions	Petitioner	
	Co-Petitioner:	
Income from Rents, Interest, Dividends	Petitioner	
	Co-Petitioner:	
Self Employment Earnings	Petitioner	
	Co-Petitioner:	
Unemployment or Worker's Compensation	Petitioner	
	Co-Petitioner:	

Social Security Benefits, including SSI, SSDI	Petitioner	
	Co-Petitioner:	
Public Assistance (including TANF and LIEAP)	Petitioner	
	Co-Petitioner:	
Food Stamps	Petitioner	
	Co-Petitioner:	
Pension, Retirement	Petitioner	
	Co-Petitioner:	
Child Support	Petitioner	
	Co-Petitioner:	

--	--	--

Dependent's Benefits	Petitioner	
	Co-Petitioner:	
Other Income ( <i>describe</i> ):	Petitioner	
	Co-Petitioner:	
<b>Monthly Total</b>	<b>Petitioner</b>	
	<b>Co-Petitioner:</b>	

(If you have additional income, complete and staple **Form MP-510-A** to this document.)

## 2. Disclosure of Expenses

Description of Expense		Amount per Month
Taxes and withholdings	Petitioner	
	Co-Petitioner:	
Retirement Contribution	Petitioner	
	Co-Petitioner:	
Health Insurance (self and children)	Petitioner	
	Co-Petitioner:	
Medical Expenses	Petitioner	
	Co-Petitioner:	
Rent or Housing (including property taxes and insurance relating to housing)	Petitioner	
	Co-Petitioner:	
Transportation	Petitioner	
	Co-Petitioner:	
Car Insurance	Petitioner	
	Co-Petitioner:	
Student Loans	Petitioner	
	Co-Petitioner:	
Utilities	Petitioner	
	Co-Petitioner:	

### MP-510 Income and Expense Disclosure

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Telephone (cell phone and land line)	Petitioner	
	Co-Petitioner:	
Clothing	Petitioner	
	Co-Petitioner:	

Food and Household Supplies	Petitioner	
	Co-Petitioner:	
Child Care	Petitioner	
	Co-Petitioner:	
Union Dues	Husband	
	Co-Petitioner	
Child Support Payments	Petitioner	
	Co-Petitioner:	
Other: (describe)	Petitioner	
	Co-Petitioner:	
<b>Monthly Total</b>	<b>Petitioner</b>	
	<b>Co-Petitioner:</b>	

(If you have additional expenses, complete and staple **Form MP-510-B** to this document.)

**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\_\_.

City \_\_\_\_\_ State \_\_\_\_\_

Sign Here: \_\_\_\_\_

Print Name: \_\_\_\_\_

☐ Petitioner ☐ Respondent ☐ Co-Petitioner

**MP-510 Income and Expense Disclosure**

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This form may be used for non-commercial purposes only

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address (optional)  
☐ Petitioner ☐ Respondent ☐ Co Petitioner

**Appearing without a lawyer**

**MONTANA** \_\_\_\_\_ **JUDICIAL DISTRICT COURT,** \_\_\_\_\_ **COUNTY**

In re the Marriage of:

\_\_\_\_\_,  
☐ Petitioner,

and

\_\_\_\_\_,  
☐ Respondent ☐ Co Petitioner.

**Case No:** \_\_\_\_\_

☐ **Petitioner** ☐ **Respondent**  
☐ **Co-Petitioner** ☐ **Amended**

**Disclosure of Income and  
Expenses**

**Warning: Montana law, §40-4-252, M.C.A. requires the full disclosure of all assets, debts, income, and expenses. I understand that I am required to tell my spouse about all of the assets, debts, income and expenses that I know about. My spouse is required to do the same for me.**

**This Disclosure of Income and Expenses along with Form MP-500  
Proposed Property Distribution has been served on my spouse.**

**If I don't tell my spouse about something, the court may give me a penalty.  
The court gets to decide what the penalty will be. I am providing all of the  
information I know about the income and expenses listed on this form and writing  
"unknown" in the spaces for the information I don't know.**

NOTE: This Document is served on the **other party only** and **cannot be filed with the Court** unless the Court specifically orders you to file it. The following is being served as required by §§ 40-4-252 through 254, M.C.A.

### 1. Disclosure of Income

Source of Income		Amount per Month
Gross Wages, Salary, Commissions	Petitioner	
	Co-Petitioner:	
Income from Rents, Interest, Dividends	Petitioner	
	Co-Petitioner:	
Self Employment Earnings	Petitioner	
	Co-Petitioner:	
Unemployment or Worker's Compensation	Petitioner	
	Co-Petitioner:	

Social Security Benefits, including SSI, SSDI	Petitioner	
	Co-Petitioner:	
Public Assistance (including TANF and LIEAP)	Petitioner	
	Co-Petitioner:	
Food Stamps	Petitioner	
	Co-Petitioner:	
Pension, Retirement	Petitioner	
	Co-Petitioner:	
Child Support	Petitioner	
	Co-Petitioner:	

--	--	--



Dependent's Benefits	Petitioner	
	Co-Petitioner:	
Other Income ( <i>describe</i> ):	Petitioner	
	Co-Petitioner:	
<b>Monthly Total</b>	<b>Petitioner</b>	
	<b>Co-Petitioner:</b>	

(If you have additional income, complete and staple **Form MP-510-A** to this document.)

## 2. Disclosure of Expenses

Description of Expense		Amount per Month
Taxes and withholdings	Petitioner	
	Co-Petitioner:	
Retirement Contribution	Petitioner	
	Co-Petitioner:	
Health Insurance (self and children)	Petitioner	
	Co-Petitioner:	
Medical Expenses	Petitioner	
	Co-Petitioner:	
Rent or Housing (including property taxes and insurance relating to housing)	Petitioner	
	Co-Petitioner:	
Transportation	Petitioner	
	Co-Petitioner:	
Car Insurance	Petitioner	
	Co-Petitioner:	
Student Loans	Petitioner	
	Co-Petitioner:	
Utilities	Petitioner	
	Co-Petitioner:	

### MP-510 Income and Expense Disclosure

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Telephone (cell phone and land line)	Petitioner	
	Co-Petitioner:	
Clothing	Petitioner	
	Co-Petitioner:	

Food and Household Supplies	Petitioner	
	Co-Petitioner:	
Child Care	Petitioner	
	Co-Petitioner:	
Union Dues	Husband	
	Co-Petitioner	
Child Support Payments	Petitioner	
	Co-Petitioner:	
Other: (describe)	Petitioner	
	Co-Petitioner:	
<b>Monthly Total</b>	<b>Petitioner</b>	
	<b>Co-Petitioner:</b>	

(If you have additional expenses, complete and staple **Form MP-510-B** to this document.)

**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\_\_.

City \_\_\_\_\_ State \_\_\_\_\_

Sign Here: \_\_\_\_\_

Print Name: \_\_\_\_\_

☐ Petitioner ☐ Respondent ☐ Co-Petitioner

**MP-510 Income and Expense Disclosure**

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<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right; margin-bottom: 10px;"><input type="checkbox"/> Petitioner,</div> <div style="margin-bottom: 10px;">and</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right;"><input type="checkbox"/> Respondent   <input type="checkbox"/> Co Petitioner.</div>	<div style="margin-bottom: 20px;"><b>Case No:</b> _____</div> <div><b>Attachment: Additional Income Sheet</b> ____ <b>of</b> ____.</div>
---	--

Description of Income		Amount per Month
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right; margin-bottom: 10px;"><input type="checkbox"/> Petitioner,</div> <div style="margin-bottom: 10px;">and</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"></div> <div style="text-align: right;"><input type="checkbox"/> Respondent   <input type="checkbox"/> Co Petitioner.</div>	<div style="margin-bottom: 20px;"><b>Case No:</b> _____</div> <div><b>Attachment: Additional Expenses Sheet</b> ____ <b>of</b> ____.</div>
---	--

Description of Income		Amount per Month
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	
	Petitioner	
	Co-Petitioner	

**MP-510-B Additional Expenses**

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address (optional)

☐ Petitioner ☐ Respondent ☐ Co-Petitioners

**Appearing without a lawyer**

**MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT \_\_\_\_\_ COUNTY**

In re the Marriage of:

\_\_\_\_\_,

☐ Petitioner ☐ Co-Petitioner,

and

\_\_\_\_\_,

Respondent.

**Case No:** \_\_\_\_\_

## **Request for Hearing**

and Default by Clerk

I, the ☐ Petitioner ☐ Respondent ☐ Co-Petitioner, ask the court to schedule a hearing to obtain a Final Decree of Dissolution.

### **1. Status of the Case. Choose One:**

☐ Respondent did not appear or otherwise respond to the Petition. More than 21 days has passed since Respondent was served. Petitioner asks the clerk to enter default against Respondent.

☐ Respondent ☐ Co-Petitioner is participating in the case and we agree on all issues.

☐ Respondent ☐ Co-Petitioner is participating in the case and we do not agree on all issues.

## 2. Child Support.

☐ There are no minor children of the marriage.

**OR**

☐ Petitioner ☐ Respondent ☐ Both spouses have submitted to the Court:

**Choose One:**

☐ Proposed Child Support Guidelines Calculation Worksheet(s)

**OR**

☐ Child Support Enforcement Division Child Support Order.

## 3. Final Financial Disclosure.

a. ☐ Petitioner ☐ Respondent ☐ Both spouses served a Preliminary Disclosure of Income and Expenses along with the summary of debts, assets, and liabilities within the Proposed Property Distribution. Therefore, the requirements of § 40-4-252, MCA have been met.

b. The Disclosure of Income and Expenses and contents of the Proposed Property Distribution meet the final disclosure requirements of § 40-4-254, MCA, because:

**Choose one:**

☐ Petitioner requests a default and the final disclosure requirements are waived pursuant to §40-4-257, MCA.

**OR**

☐ Both spouses agree to the summary of debts, assets, and liabilities within the Proposed Property Distribution.

**OR**

☐ The summary of debts, assets, and liabilities within the Proposed Property Distribution previously filed and served and the Disclosure of Income and Expenses previously served are current and accurate.

**OR**

☐ Circumstances have changed and

☐ An Amended Disclosure of Income and Expenses was served on the other party on:\_\_\_\_\_.

☐ An Amended Proposed Property Distribution was filed and served on the other party on:\_\_\_\_\_.

**4. Request for Hearing**

**Choose One:**

☐ Default Hearing - Respondent did not appear or otherwise respond to the Petition.

**OR**

☐ Uncontested Hearing - ☐ Respondent ☐ Co-Petitioner is participating in the case and we agree on all issues.

**OR**

☐ Contested Hearing - ☐ Respondent ☐ Co-Petitioner is participating in the case and we do not agree on all issues.

**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\_\_.

Signature: \_\_\_\_\_  
☐ Petitioner ☐ Respondent ☐ Co-Petitioner

---

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

**Default Entered:** \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Default not entered.

---

COURT CLERK

MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT \_\_\_\_\_ COUNTY

In re the Marriage of:

\_\_\_\_\_,  
☐ Petitioner ☐ Co Petitioner,

and

\_\_\_\_\_,  
☐ Respondent ☐ Co Petitioner.

Case No: \_\_\_\_\_

**Court Order on Hearing for  
Dissolution Without Minor  
Children**

The Court Orders that the final hearing in this matter (**Choose One**):

☐ Is scheduled for the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
o'clock \_\_\_\_\_. In Court Room \_\_\_\_\_, located at \_\_\_\_\_,  
Montana. The Court estimates this hearing will last approximately \_\_\_\_\_.

**OR**

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

☐ The Court does not have sufficient reason to believe that **MP-510**  
Declaration of Assets and Financial Disclosures have been  
exchanged by the parties.

☐ The Court does not have sufficient reason to believe that Service of  
Process was completed.

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

**MP-714 Court Order on Hearing for Dissolution without Minor Children**

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\_\_\_\_\_  
\_\_\_\_\_.

It is **ORDERED** that (**Choose One**):

☐ Parties must comply with this order as

follows: \_\_\_\_\_  
\_\_\_\_\_.

Once parties have complied, either party may file a new **MP-701** Request for a Hearing and Statement of Compliance.

**OR**

☐ Parties appear at the hearing as scheduled.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
DISTRICT COURT JUDGE

MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT, \_\_\_\_\_ COUNTY

In re the Marriage of:

\_\_\_\_\_,  
☐ Petitioner ☐ Co-Petitioner 1,

and

\_\_\_\_\_,  
☐ Respondent ☐ Co-Petitioner 2

Case No: \_\_\_\_\_

**Findings of Fact and  
Conclusions of Law and  
Final Dissolution Decree**

**No Minor Children**

The Court enters the following:

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. Procedural History.

On the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, the Petition for Dissolution was  
filed by ☐ Petitioner ☐ Co-Petitioners jointly.

2. Nature of the Case. *Choose One.*

☐ The Parties filed a joint Petition.

**OR**

☐ On the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, Respondent was served with the  
Petition and Summons.

**AND**

**MP 713 Dissolution Decree**

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Page 1 of 6

☐ Respondent filed an answer or otherwise participated in this case.

**OR**

☐ Respondent did not file an answer or otherwise participate in this case.

Default was entered on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

3. Property Distribution. *Choose One.*

☐ Petitioner filed and served Respondent with the Petition and the Property Distribution.

**OR**

☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2 has filed a Property Distribution and sent a copy to the other party.

**OR**

☐ The parties have agreed upon a Property Distribution and submitted it to the Court for final approval.

**OR**

☐ Other: \_\_\_\_\_.

4. Hearing. *Choose One.*

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ the Court held a:

☐ Default hearing.

**OR**

☐ Uncontested hearing. The parties agreed to all issues in this case.

**OR**

☐ Contested hearing.

**OR**

☐ No hearing. The parties have filed joint or individual Affidavits for Entry of a Decree of Dissolution of Marriage without a Hearing.

5. Appearances.

Petitioner/Co-Petitioner 1

☐ appeared in person ☐ without a lawyer ☐ with a lawyer \_\_\_\_\_

Respondent/Co-Petitioner 2

☐ appeared in person ☐ without a lawyer ☐ with a lawyer \_\_\_\_\_

☐ failed to appear

☐ Not applicable. The parties filed joint or individual Affidavits for Entry of a Decree of Dissolution of Marriage without a Hearing.

6. Jurisdiction over the Parties.

90 days before this case was filed either husband or wife was domiciled or was stationed in Montana.

7. Venue.

Venue is proper in this county.

8. Marriage. *Choose One.*

☐ The parties were married on (date) \_\_\_\_\_. The marriage license was filed in \_\_\_\_\_ County, State of \_\_\_\_\_.

**OR**

☐ The parties were married at common law as of (date) \_\_\_\_\_. The parties assumed a marital relationship by mutual consent and agreement. The parties confirmed their marriage by living together and by public knowledge.

**OR**

☐ The parties filed a declaration of marriage on (date) \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_.

9. Irretrievable Breakdown. The marriage of the parties is irretrievably broken in that: *Choose one.*

☐ The parties lived separate and apart for more than 180 days before this case was filed.

**OR**

☐ There is serious marital discord that adversely affects the attitude of one or both of the parties toward the marriage and there is no reasonable prospect of reconciliation.

10. There were no children born of the marriage or there are no minor children at this time. Neither party is pregnant with a child of the marriage.

**MP 713 Dissolution Decree**

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Page 3 of 6

11. Declaration of Disclosure.

☐ The parties are in compliance with the financial disclosure requirements §§ 40-4-252 through 254, M.C.A.

**OR**

☐ (In the event of default), Petitioner has provided financial disclosure and waives any further disclosure from Respondent.

**OR**

☐ The parties have made preliminary disclosure and ask that the preliminary disclosure serve as the final disclosure.

12. Spousal Maintenance. *Choose One.*

☐ Spousal maintenance was not requested by either party.

**OR**

☐ Spousal maintenance is necessary because the requesting party lacks sufficient property to provide his/her reasonable needs; and is unable to be self-supporting through appropriate employment or is the custodian of a child whose condition or circumstances make it appropriate that the custodian not be required to seek employment outside the home.

**OR**

☐ Spousal maintenance is denied because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Previous Names. *Choose One.*

☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2 request restoration of a previous name.

**OR**

☐ Neither party requests restoration of a previous name at this time.

14. Additional Findings.

☐ The Court makes additional findings of fact as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Additional Findings of Fact and Conclusions of Law attached hereto.

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

**DECREE OF DISSOLUTION OF MARRIAGE**

1. The Court has jurisdiction over the parties and this cause of action.
2. The Court dissolves the marriage between the parties.
3. If applicable, the Court dissolves the Temporary Economic Restraining Order issued in this matter under M.C.A. § 40-4-121(3).
4. The following property distribution is a fair and equitable apportionment between the parties of the marital property, assets, and liabilities and is not unconscionable:  
*Choose One.*

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> The Agreed Proposed Property Distribution   | <input type="checkbox"/> as modified |
| <input type="checkbox"/> Petitioner's Proposed Property Distribution | <input type="checkbox"/> as modified |
| <input type="checkbox"/> Respondent's Proposed Property Distribution | <input type="checkbox"/> as modified |
| <input type="checkbox"/> The Court's Property Distribution           |                                      |

5. The Court has signed and adopts and incorporates by reference the approved Property Distribution. The Court orders the parties to follow the Property Distribution.
6. Each party is ordered to take any action necessary to carry out the terms and conditions of this Decree including the signing and transfer of titles, deeds, or other documents within \_\_\_\_\_ number of days from the date of this Decree or as more specifically provided in the Property Distribution.
7. Petitioner's/Co-Petitioner 1's name will ☐ remain ☐ be restored to:

\_\_\_\_\_  
First                      Middle                      Last

8. Respondent's/Co-Petitioner 2's name will ☐ remain ☐ be restored to:

\_\_\_\_\_  
First                      Middle                      Last

**MP 713 Dissolution Decree**

9. Spousal Maintenance. *Choose One.*

☐ No spousal maintenance is awarded in this case.

**OR**

☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2 shall pay \$\_\_\_\_\_ per month commencing on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ until *(date of last payment)* \_\_\_\_\_ in spousal support. The payment must be made on the \_\_\_\_ of each month directly to ☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2.

10. Other Provisions:

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DATED this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

---

☐ DISTRICT COURT JUDGE / ☐ STANDING MASTER

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address (optional)

☐ Petitioner ☐ Respondent ☐ Co Petitioner

**Appearing without a lawyer**

**MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT  
\_\_\_\_\_ COUNTY**

<p>In re the Marriage of:</p> <p>_____, <input type="checkbox"/> Petitioner <input type="checkbox"/> Co Petitioner,</p> <p>and</p> <p>_____, <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner.</p>	<p>Case No: _____</p> <p><b>Notice of Entry of Decree</b></p>
--	---

Notice is hereby given that on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, the Court entered a Final Decree of Dissolution in the above-entitled action. A  
true and correct conformed copy of the Final Decree of Dissolution is attached to this  
Notice and served upon you.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
☐ Petitioner ☐ Respondent ☐ Co Petitioner

\_\_\_\_\_  
Print Name



### Proof of Service

I, \_\_\_\_\_, attest that a true and correct copy of the foregoing Notice of Entry of Decree was served the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by mailing said copy, postage paid, to:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip Code*

**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\_\_.

Signature: \_\_\_\_\_  
☐ Petitioner ☐ Respondent ☐ Co Petitioner

Print Name: \_\_\_\_\_

\_\_\_\_\_  
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 Marriage of:

\_\_\_\_\_,

(First, Middle, Last) Petitioner (you),

and

\_\_\_\_\_,

Respondent (your spouse).

**Case No:** \_\_\_\_\_

(leave blank, the clerk will write in)

**Consent to Entry of Decree**

By signing this Consent to Entry of Decree I am asking the Court to order the Final Decree of Dissolution that will be presented at the uncontested hearing. I have read the Final Decree of Dissolution and agree with it. I also waive my right to testify at the uncontested hearing.

**I declare under penalty of perjury and under the laws of the state of Montana**

**MP-730 Consent to Entry of Decree**

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**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: \_\_\_\_\_

## INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(See instructions on first page)

1	<b>Mother/Wife:</b> <input type="checkbox"/> Payer <input type="checkbox"/> Payee <input type="checkbox"/> Both <input type="checkbox"/> N/A    Maiden Name: _____ Name: _____ SSN: _____ Telephone: (____) _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle/Suffix</span> </div>
	Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>
	Residential Address (if different from above): _____
	Date of Birth: _____ Place of Birth: _____ Race: _____ <div style="text-align: right; margin-right: 50px;">State / Foreign Country</div>
	Driver's License # / State _____ Occupation: _____ Number of this marriage (1st, 2nd, etc.): _____ Date, City & State of previous marriage(s): _____

2	<b>Father/Husband:</b> <input type="checkbox"/> Payer <input type="checkbox"/> Payee <input type="checkbox"/> Both <input type="checkbox"/> N/A			
	Name: _____		SSN: _____ Telephone: (____) _____	
	_____	_____	_____	_____
	Last	First	Middle/Suffix	
	Mailing Address: _____			
	_____	_____	_____	_____
	Street	City	State	Zip
	Residential Address (if different from above): _____			
	Date of Birth: _____		Place of Birth: _____	Race: _____
			State / Foreign Country	
	Driver's License # / State _____		Occupation: _____	
	Number of this marriage (1st, 2nd, etc.): _____ Date, City & State of previous marriage(s): _____			

[illegible]

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

4	<b>Other Payee:</b> Name of person/agency owed support if not parent: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last Name or Agency Name</span> <span>First</span> <span>Middle</span> </div> Mailing Address: _____ Telephone: (____) _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div> Residential Address (if different from above): _____																																													
5	<b>Protective Order:</b> Is a party to this action protected from another party to the action by an order of protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name(s) of protected party(ies): _____																																													
6	<b>Employer/Income Source Information:</b> Provide information about the payer's employment or periodic source of income. (Attach additional pages if needed.) <input type="checkbox"/> Check here if this order requires both parties to pay support and skip Parts 6 & 7 and complete Parts 8, 9, 10 & 11. <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Name of Employer or Source of Income</span> <span>Telephone</span> </div> <hr/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>																																													
7	<b>Support Order:</b> Date Order Signed: _____ Check type of support and enter appropriate information      If applicable, arrears due at time of order: \$ _____ <table style="width: 100%; font-size: small;"> <thead> <tr> <th style="text-align: left;">Support Type</th> <th style="text-align: left;">Total Due</th> <th style="text-align: left;">Frequency</th> <th style="text-align: left;">Begin Date</th> <th style="text-align: left;">End Date</th> <th style="text-align: left;">Judgment</th> <th style="text-align: left;">Penalty*</th> <th style="text-align: left;">Fees*</th> <th style="text-align: left;">Interest*</th> </tr> <tr> <th colspan="9" style="text-align: center; font-size: x-small;">(*list amounts if included in judgment)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <b>Child Support:</b></td> <td>\$ _____</td> <td>per _____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> <b>Medical Support:</b></td> <td>\$ _____</td> <td>per _____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> <b>Spousal Support:</b> (Alimony)</td> <td>\$ _____</td> <td>per _____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table> Is payer exempt from income withholding under MCA 40-5-315? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Tribal Order List any special terms/conditions of the support order(s): _____ _____ Was the mother represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No    Was the father represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: center; font-weight: bold; font-size: small;">Information from child support guidelines worksheet:</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> <b>Mother:</b>    "Income after Deductions":   \$ _____  <b>Father:</b>    "Income after Deductions":   \$ _____         </div> <div>           "Credit for Payment of Expenses":   \$ _____            "Credit for Payment of Expenses":   \$ _____         </div> </div>	Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty*	Fees*	Interest*	(*list amounts if included in judgment)									<input type="checkbox"/> <b>Child Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> <b>Medical Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> <b>Spousal Support:</b> (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
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<input type="checkbox"/> <b>Spousal Support:</b> (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____																																						
8	<b>Health Insurance:</b> (Attach additional pages if needed.) Is health insurance provided for the children? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Father's employer?   <input type="checkbox"/> Yes <input type="checkbox"/> No</span> <span>Mother's employer?   <input type="checkbox"/> Yes <input type="checkbox"/> No</span> </div>																																													
9	<b>This form was completed by:</b> Name / Title: _____ Telephone: _____ Signature: _____ Date: _____ <div style="text-align: center; padding-top: 10px;"> <b>Complete next page if both parties are ordered to pay child support.</b>            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.         </div>																																													

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

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

Name of Employer or Source of Income Telephone

Street City State Zip

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

Name of Employer or Source of Income Telephone

Street City State Zip

**11 Support Order:** Date Order Signed: \_\_\_\_\_

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

Check type of support and enter appropriate information

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty* (*list amounts if included in judgment)	Fees*	Interest*
<input type="checkbox"/> <b>Child Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Medical Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Spousal Support:</b> (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

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

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

Check type of support and enter appropriate information

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty* (*list amounts if included in judgment)	Fees*	Interest*
<input type="checkbox"/> <b>Child Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Medical Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Spousal Support:</b> (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

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

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

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

**Information from child support guidelines worksheet:**

**Mother:** "Income after Deductions": \$ \_\_\_\_\_ "Credit for Payment of Expenses": \$ \_\_\_\_\_

**Father:** "Income after Deductions": \$ \_\_\_\_\_ "Credit for Payment of Expenses": \$ \_\_\_\_\_