

# How to file for Joint Dissolution of Marriage With 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 [www.courts.mt.gov](http://www.courts.mt.gov) "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: [www.courts.mt.gov/selfhelp](http://www.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. 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 with Minor Children **MP 116**. Both you and your spouse must agree to and sign the document. You will also need the following parenting documents:

1. Proposed Parenting Plan **MP 300**
2. (If required) Holidays, Vacations, and Special Occasions **MP 300 B**
3. (If required) Limited Parenting Visitation **MP 300 C**.
4. (If required) Description of Existing Medical Coverage **MP 300 G**
5. Proposed Property Distribution **MP 500**

You and your spouse should each complete a Final 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. When you file your Joint Petition you will also need to file a Proposed Property Distribution **MP 500**

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

Court documents for a Joint Dissolution with Children are filed at the Clerk of District Court office in the county where you, your Spouse, or your children are living. After filling out the appropriate forms, make 3 sets of copies (4 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. One copy you will keep in a safe place, and the other copies you give to your Spouse and serve on the Department of Health and Human Services in Step three.

Here is a list of the forms you need to file the Clerk of District Court to start the case:

1. Joint Petition for Dissolution with Children **MP 116**  
**\*Both you and your spouse must agree to and sign the Joint Petition**
2. Proposed Parenting Plan **MP 300**
3. (If required) Holidays, Vacations, and Special Occasions **MP 300 B**
4. (If required) Limited Parenting Visitation **MP 300 C**.

5. (If required) Description of Existing Medical Coverage **MP 300 G**
6. Proposed Property Distribution **MP 500**
7. Declaration of Disclosure of Income and Expenses **MP 510**  
**\*Both you and your spouse must complete your own**
8. Dissolution Decree with Children **MP 703**
9. Request for Hearing and Statement of Compliance **MP 701**
10. Order on Hearing on Dissolution with Children **MP 702**
11. 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.

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 at [www.courts.mt.gov](http://www.courts.mt.gov) and at [www.MontanaLawHelp.org](http://www.MontanaLawHelp.org) or by calling or visiting your local Self Help Law Center.

### **STEP FOUR: Serve the Department of Health and Human Services (DPHHS).**

#### **A. Serving the Department of Health and Human Services.**

If you or the other parent receives Title IV-D services, you must serve the Department of Health and Human Services (DPHHS) by mailing or delivering to your nearest Child Support and Enforcement Division (CSED) the following:

1. Notice and Acknowledgement to CSED **MP 404**

**AND** copies of the following documents that you filed with the Court in Step One:

2. Joint Petition for Dissolution with Children **MP 116**
3. Proposed Parenting Plan **MP 300**
4. (If required) Holidays, Vacations, and Special Occasions **MP 300 B**
5. (If required) Limited Parenting Visitation **MP 300 C**

6. (If required) Description of Existing Medical Coverage **MP 300 G**

**Follow these steps:**

Complete the first 3 pages of **MP 404** with your own information.

On page 4, fill out the top portion with the Judicial District, County, names of the parties, and the case number. Also fill in the address for the Clerk of Court on the last page.

When mailing **MP 404** Notice and Acknowledgement to CSED, include a stamped envelope addressed to the Clerk of Court in your county so it can be mailed back to them.

**STEP FIVE: Attend your final hearing.**

Attending your hearing is very important. Both you and your spouse should attend the hearing. The judge will ask you questions about your marriage and your children. This is the time for the judge to make a decision on your dissolution and parenting plan. 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.

After the judge has made a decision, the judge will sign the Decree of Dissolution **MP 703**. The Court will adopt the version of the Proposed Property Distribution **MP 500** and Proposed Parenting Plan **MP 300** that the Court considers fair and in the best interest of your children. The Court will indicate which property distribution and parenting plan are "Court Ordered" by signing the document and listing them as an "Exhibit" to the Final Dissolution Decree with Children.

**STEP SIX: File your Notice and Entry of 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 and all Exhibits listed on the Decree.

Keep your copy of the Decree and Exhibits in a safe place. You can make copies of your Decree as you need them.

## Document Checklist

- ☐ **MP 116** – Joint Petition for Dissolution with children (3 copies, 4 total)

### Attachments:

- ☐ **MP 113 B** - Additional Children
- ☐ **MP 113 C** - Additional Residencies for Children
- ☐ **MP 113 D** - Additional People Who Claim Custody
- ☐ **MP 113 E** - Additional Court Cases

- ☐ **MP 300** Parenting Plan / Signed by Judge: \_\_\_\_\_ (3 copies, 4 total)

### Attachments:

- ☐ **MP 300 B** – Holiday, Vacation, Special Occasions
- ☐ **MP 300 C** – Limited Parenting Time
- ☐ **MP 300 E (Hand-written in top right corner of document)** – CSED Calculation and Order
- ☐ **MP 300 G** – Description of Existing Medical Coverage

- ☐ **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 404** – Notice and Acknowledgement to CSED and Attorney General
- ☐ **MP 407** – Notice to Person Not Named

- ☐ **MP 701** – Request for Hearing and Statement of Compliance with Financial Disclosure
- ☐ **MP 702** – Order Granting Hearing on Dissolution
- ☐ **MP 703** – 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 with a Parenting Plan

## Step 1: Filing Initial Documents (Petitioner)

1. **MP-116** 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-300** Proposed Parenting Plan (Attachments for specific parenting time schedules if necessary):
  - a. **MP-300B** Holiday, Vacation, Special Occasions
  - b. **MP-300C** Limited Parenting Time
  - c. **MP-300G** Description of Existing Medical Coverage
3. **MP-500** Proposed Property Distribution
  - a. **\*MP-510** Final Declaration of Disclosure of Income and Expenses (Does not need to be filed, but both parties need to fill out and exchange)
4. **MP-701** Request for Hearing and Statement of Compliance
5. **MP-702** Order Granting Hearing on Dissolution with Parenting Plan
6. **MP-703** Dissolution Decree with Children



## Step 2: Service Documents

1. **MP-404** Notice and Acknowledgement to CSED and Attorney General (when necessary)



Following  
Step 2

## Step 3: Attend Final Hearing

1. **MP-730** Consent to Entry of Decree (Filed with court if one party cannot attend final hearing)  
Incorporated by reference:
  - A. **MP-300** Final Court Ordered Parenting Plan and Parenting Time Attachments
  - B. **Child Support Calculation**
  - C. Vital Statistics (Last filing)

\_\_\_\_\_  
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

☐ 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.**

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**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	\$	\$
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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.		
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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)*

\_\_\_\_\_  
Name

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

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

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

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

**Co-Petitioners appearing without a lawyer**

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

In re the Marriage of:

\_\_\_\_\_,  
*(First, Middle, Last),*

and

\_\_\_\_\_,  
*(First, Middle, Last)*

Co-Petitioners.

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

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

**Joint Petition for  
Dissolution of Marriage  
with Parenting Plan for Minor Children**

**MP-116 Joint Petition for Dissolution with Minor Children DRAFT**

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This form may be used for non-commercial purposes only

## 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.
- c. The Montana Conciliation Law (beginning at §40-3-101, M.C.A.) does not apply in this case.

## 2. First Co- Petitioner Information:

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

E-mail address (optional): \_\_\_\_\_

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

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

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

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

Year of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long has first co-petitioner lived in this county? \_\_\_\_\_

How long has first co-petitioner lived in Montana? \_\_\_\_\_

## 3. Second Co-Petitioner information:

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

E-mail address (optional): \_\_\_\_\_

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

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

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

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

Year of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

How long has second co-petitioner lived in this county? \_\_\_\_\_

How long second co-petitioner 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.**

- ☐ The wife is not pregnant.

**OR**

- ☐ The wife is pregnant and the husband is the father.

**OR**

- ☐ The wife is pregnant and is unsure who the father is.

**OR**

- ☐ The wife is pregnant and the husband is not the father.

**Notice:** A parenting plan must be filed after the child is born if the wife is pregnant and the husband is the father or the father is not known.

**7. All minor children of the marriage, including those born to or adopted by both parties.**

Name	Age	Birth Year	Minor primarily lives with:
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other

			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other
--	--	--	--

☐ We have more minor children. (Fill out **MP-113-B** and paper clip it to this document)

**8. Child(ren) residence(s).**

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

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

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

**9. Jurisdiction of the children. Choose the most accurate description.**

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

**OR**

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

**OR**

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

**OR**

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

**OR**

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

**10. Other Court Cases. Choose One.**

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

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

**OR**

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

The first court case is:

- ☐ Order of Protection   ☐ Criminal case   ☐ Adoption   ☐ Guardianship  
☐ Child and Family Services   ☐ Other: *(describe)*

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

- ☐ I participated as a ☐ party ☐ witness ☐ other: \_\_\_\_\_

- ☐ I didn't participate.

The second court case is:

- ☐ Order of Protection   ☐ Criminal case   ☐ Adoption   ☐ Guardianship  
☐ Child and Family Services   ☐ Other: *(describe)*

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

- ☐ I participated as a ☐ party ☐ witness ☐ other: \_\_\_\_\_

- ☐ I didn't participate.

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

**11. Other people. Choose one:**

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

**OR**

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

Name	Address	Child's name	Description
			<input type="checkbox"/> Has physical custody

			<input type="checkbox"/> Claims physical custody <input type="checkbox"/> Claims visitation rights
			<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims physical custody <input type="checkbox"/> Claims visitation rights
			<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims physical custody <input type="checkbox"/> Claims visitation rights

☐ We understand we must give notice of this case to anyone on this list. *(Fill out and paper clip a copy of Form **MP-113-D** to this document for each person on this list. Send Form **MP-407** to everyone listed.)*

## 12. Parenting Plan.

It is in the best interest of our child(ren) that this court adopt our joint proposed parenting plan. This is a document that we filed separately. Our proposed parenting plan includes parenting time, child support, and medical support.

**NOTICE:** State law requires that a child support calculation using the Montana guidelines be filed with this court. We can find this law at §40-4-204, M.C.A.

## 13. Preliminary Disclosure. **Choose one:**

☐ We gave each other a description of our income and expenses by using **Form MP-510** before we filed this petition.

**OR**

☐ Within 60 days of filing this case we will give each other a description of our income and expenses by using **Form MP-510**.

## 14. Property Distribution. **Choose one.**

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.

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

**OR**

☐ We entered into an agreement prior to getting married. *(Write MP-113-A on a copy of the prenuptial agreement and paper clip it to this document.)*

## 15. Former Name. **Choose one.**

**MP-116 Joint Petition for Dissolution with Minor Children DRAFT**

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☐ First Co-Petitioner is asking that their name be restored to their previous name:  
\_\_\_\_\_.

**OR**

☐ First Co-Petitioner wants to keep their current name.

**AND**

☐ Second Co-Petitioner is asking that their name be restored to their previous name: \_\_\_\_\_.

**OR**

☐ Second Co-Petitioner wants to keep their current name.

**16. Maintenance. Choose One.**

☐ We are not requesting maintenance.

**OR**

☐ We agree Second Co-Petitioner pay First Co-Petitioner \$\_\_\_\_\_ per month until (date)\_\_\_\_\_ for maintenance. The payment must be made on the \_\_\_\_ of each month directly to First Co-Petitioner.

**OR**

☐ We agree First Co-Petitioner pay Second Co-Petitioner \$\_\_\_\_\_ per month until (date)\_\_\_\_\_ for maintenance. The payment must be made on the \_\_\_\_ of each month directly to Second Co-Petitioner.

We are requesting maintenance because ☐ First Co-Petitioner ☐ Second Co-Petitioner lacks sufficient property to support themselves and they are unable to gain employment sufficient to support themselves or they need to care for a child with special needs.

**17. Other:**

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

1. Enter a decree of dissolution of marriage dissolving our marriage;
2. Adopt our joint proposed parenting plan, including parenting time, child support, and medical support.
3. Grant each party the marital property, including personal property, real property, other assets, liabilities, and/or debts as stated in our Financial Disclosure and Proposed Property Distribution filed separately.
4. If we asked the Court to do so, restore us to our former name.
5. If we asked the Court to do so, enter an order for maintenance.
6. Other:
  - a. \_\_\_\_\_  
\_\_\_\_\_
  - b. \_\_\_\_\_  
\_\_\_\_\_
  - c. \_\_\_\_\_  
\_\_\_\_\_
7. And for any other relief this court decides is just and proper.

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

Date: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

First Co-Petitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Second Co-Petitioner Signature: \_\_\_\_\_

\_\_\_\_\_  
Name

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

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

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

\_\_\_\_\_  
E-mail Address

☐ Petitioner ☐ Co Petitioner 1

**Appearing without a lawyer**

\_\_\_\_\_  
Name

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

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

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

\_\_\_\_\_  
E-mail Address

☐ Respondent ☐ Co Petitioner 2

**Appearing without a lawyer**

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

☐ In re the Parenting of:

\_\_\_\_\_,  
*OR*

☐ In re the Marriage of:

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

and

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

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

☐ **Petitioner's** ☐ **Respondent's**

☐ **Co-Petitioner 1's** ☐ **Co-Petitioner 2's**

☐ **Agreed** ☐ **Court Ordered**

☐ **Proposed** ☐ **Amended**

**Parenting Plan**

## 1. Identification of the Parties

### a. Petitioner/Co-Petitioner 1's

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

Address: \_\_\_\_\_

### b. Respondent/Co-Petitioner 2's

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

Address: \_\_\_\_\_

## 2. Identification of the Child(ren)

This parenting plan applies to the following minor child(ren) of the parties:

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

## 3. Objectives of the Parenting Plan

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

**4. Residential Schedules for the Child(ren)** Paragraphs 4(a) through 4(i) are an example of how to write a parenting plan. You can write your own plan in paragraph 4(j).

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

☐ All child(ren) are school age.

**or**



☐ There are pre-school age child(ren), but the school schedule in paragraph 4(b) applies to all children regardless of their age(s).

**or**

☐ Before they are old enough to start school, the child(ren) will live mostly with the ☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2, except for the following days and times when the other parent will have parenting time with the child(ren):

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**or**

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

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**b. School Schedule (Choose One):**

Applies to child(ren) old enough to be in school.

☐ When they start school, the child(ren) will live mostly with the

☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2, except for the following days and times when the other parent will have parenting time with the child(ren):

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**or**

☐ *Describe the schedule for the minor child(ren):*

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**c. Holiday and Special Occasion Schedule**

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

**or**

☐ The schedule for holidays and special occasions is:

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or

(Specify Odd or Even Numbered Years)

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

**d. Winter Vacation:**

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

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**e. Summer Vacation** (Choose One):

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

**or**

☐ The child(ren) will live with ☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2 during summer vacations, except for these days and times when the child(ren) will spend time with the other parent:

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**or**

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

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**f. Spring Break** (Choose One):

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

**or**

☐ The child(ren) will live with the ☐ Petitioner/ Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2 during Spring Break, except for these days and times when the child(ren) will spend time with the other parent:

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**or**

☐ *Describe the time the child(ren) will spend with each parent over spring break:*

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**g. Other Vacations with Parents**

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

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**h. Priorities under the Residential Schedule**

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

If the schedules in this Parenting Plan say the child(ren) are with both parents at

the same time for a time other than school, to figure out where the child(ren) should be, the parents will: (choose one)

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

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

**or**

☐ Other:

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

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

**or**

☐ (i) The ☐ Petitioner/Co-Petitioner 1's ☐ Respondent/Co-Petitioner 2's parenting time shall be supervised or limited because he/she has exhibited the following behavior which is not in the best interest(s) of the minor child(ren):

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(ii) It is in the best interest(s) of the minor child(ren) that the ☐ Petitioner/Co-Petitioner 1's **or** ☐ Respondent/Co-Petitioner 2's parenting time be subject to the following conditions:

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How Often/ For How Long:

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Where:

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Supervised by Whom:

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

(iv) If the ☐ Petitioner/Co-Petitioner **or** 1 ☐ Respondent/Co-Petitioner 2 has completed the following and has followed through with any and all recommendations by the evaluator, treatment counselor, and/or other professional recommendations, the ☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2 agrees to consider a modification to allow less restricted visitation after \_\_\_\_\_ months of supervised and limited visitation. (Check All That Apply):

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

**j. Other:**

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## **5. Benefit Programs and Dependents for Taxes**

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

*(Choose One)*

☐ For the purposes of state and federal benefit programs that require a designation of custodian the ☐ Petitioner/Co-Petitioner **or** 1 ☐ Respondent/Co-Petitioner 2 is designated custodian.

**or**

☐ Other *(specify)*: \_\_\_\_\_

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### **b. Taxes**

Petitioner/Co-Petitioner 1 will claim all of our children as dependents on

his/her income tax ☐ every tax year ☐ in odd-numbered tax years ☐ in even numbered tax years.

Respondent/Co-Petitioner 2 will claim all of our children as dependents on his/her 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.

**6. Transportation** (Choose All That Apply):

☐ This is how the child(ren) will get from one parent to the other:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

**7. Passport.** (Choose all that apply).

☐ Our children don't have a passport. ☐ Petitioner/Co-Petitioner 1 **or**

☐ Respondent/Co-Petitioner 2 may apply for a passport for any of our children.

The other parent shall cooperate by consenting to the issuance of this passport.

☐ If our children have a passport, it belongs to them. But ☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2 will be the custodian of the passport.

☐ Other (specify)

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

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

☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2 ☐ Both parents may travel freely in the State of Montana with our children. This travel must be in keeping with our parenting time schedule.

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

☐ Other (*specify*) \_\_\_\_\_

**9. Telephone Contact** (Choose One):

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

**or**

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

**10. Co-Parenting Guidelines** (Choose All That Apply):

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

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

☐ Each parent will supply the appropriate child(ren)'s clothing with them for their scheduled time with the other parent. These clothes are to be considered the child(ren)'s clothes and will be returned with the child(ren).

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

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

parent, to ask that the clothing and/or equipment travels with the child(ren), and to ensure that the clothing and/or equipment is returned with the child(ren).

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

☐ Neither parent will permit the child(ren) to be subjected to:  
(Choose All That Apply):

☐ Persons abusing alcohol or using illegal drugs within 24 hours of contact with the child(ren). This includes the abuse of alcohol or the use of illegal drugs by the parent.

☐ Smoking environment.

☐ Use of profane language.

☐ Removal of the child(ren) from Montana, except as authorized by the Court or mutually agreed to by both parents.

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

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

## 11. 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 ☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2.

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 ☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2.

e. ☐ We will make major decisions about our children's spiritual development together. If we cannot agree, the decision will be made by ☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2 **or** ☐ 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 ☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2 **or** ☐ either party during their respective parenting time.

**or**

- g.** ☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2 will be the sole decision maker about major decisions for our children's lives, including ☐ education ☐ non-emergency health care, ☐ spiritual development, and ☐ extra-curricular activities. This is in our children's best interest because:

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

Other *(specify)*:

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

- h.** The consent of both parents shall be required before any minor child(ren) shall be permitted to (Choose All That Apply):

- ☐ Get a tattoo
- ☐ Pierce any body part
- ☐ Marry
- ☐ Enlist in the armed services
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### **Emergency Decisions**

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

## **12. Access to Information**

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

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

- (i) Residential and mailing addresses;
- (ii) Telephone number;
- (iii) Social Security number;
- (iv) Driver's license number;

- (v) Name, address, and phone number of employers;
- (vi) Health insurance coverage for the child(ren);
- (vii) Health insurance available through either parent's employer which could cover the minor child(ren).

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

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

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

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

The notice pursuant to this subsection 13b is not sufficient unless it contains the following statement: "*The relocation of the children may be permitted and the proposed revised residential schedule may be ordered by the court without further proceedings unless within 21 days you file a response and alternate revised residential schedule with the court and serve your response on the person proposing the move and all other persons entitled by the court order to residential time or visitation with the children.*"

**c.** The parent who receives service of a motion to amend the parenting plan pursuant to this section has 21 days after service of the motion to file a response. If the parent receiving notice objects to the proposed revised residential schedule, the responding parent shall include an alternate proposed revised residential schedule with the response. The response must be served as provided for by the Montana Rules of Civil Procedure on the parent proposing to change residence or on the parent's attorney of record if the parent has an attorney of record.

**d.** If a parent is properly served with a motion to amend the parenting plan

pursuant to this section, failure to file a response within the 21-day period constitutes acceptance of the proposed revised residential schedule.

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

#### 14. Review of Parenting Plan

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

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

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or

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

#### 15. Dispute Resolution

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.

**16. Child Support. (Choose One)**

**a. Child Support Amount.**

☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2 must pay  
\$\_\_\_\_\_ per child per month in child support to the other parent because:

*(Choose one)*

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

**or**

☐ This amount is consistent with the child support calculation prepared by  
☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2 ☐ The Court  
☐ other \_\_\_\_\_ *(Attach a copy of the calculation)*

**or**

☐ This amount is not consistent with the child support amount prepared by  
☐ Child Support Enforcement Division ☐ Petitioner/Co-Petitioner 1  
☐ Respondent/Co-Petitioner 2 ☐ The Court or ☐ other \_\_\_\_\_;  
however, this amount is in the best interest of our child because:

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

**or**

**b. Child Support Needs to Be Calculated**

☐ Child Support Enforcement Division, CSED, has opened a case and the  
case number is \_\_\_\_\_. ☐ Petitioner/Co-Petitioner 1  
☐ Respondent/Co-Petitioner 2 will file the CSED Order along with the  
Request for a Hearing on the Dissolution/Parenting Plan proceeding.

**or**

☐ Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2 will open a case  
with CSED within 30 days of signing this Parenting Plan. The Court will  
order the parties to comply with opening a CSED case and submitting the  
necessary documents for CSED to determine child support. **Your Court  
may not allow this option.**

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

**c. Child Support Payments. (Choose One).**

- ☐ On or before the first of every month, ☐ Petitioner/Co-Petitioner 1 **or**  
☐ Respondent/Co-Petitioner 2 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**

- ☐ Petitioner/Co-Petitioner 1's ☐ Respondent/Co-Petitioner 2's income is subject to immediate income withholding. We can find this law beginning at §40-5-315, M.C.A.

**or**

- ☐ On or before the \_\_\_\_\_ day of each month, ☐ Petitioner/Co-Petitioner 1 **or**  
☐ Respondent/Co-Petitioner 2 must make payments directly to ☐  
Petitioner/Co-Petitioner 1 **or** ☐ Respondent/Co-Petitioner 2. ☐ The child support order is exempt from immediate income withholding because:

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

**or**

- ☐ On or before the first of each month, ☐ Petitioner/Co-Petitioner 1 **or**  
☐ Respondent/Co-Petitioner 2 must make payments to the Clerk of District Court.

**d. Child Support Termination. Child support payments must continue until:**  
*(Choose One).*

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

**or**

- ☐ Respondent/Co-Petitioner 1 **or** ☐ Petitioner/Co-Petitioner 2 agrees to continue to pay child support for \_\_\_\_\_ (initials of child) who is disabled past the age of majority because the child will continue to be financially dependent on ☐ Respondent/Co-Petitioner 1 **or**  
☐ Petitioner/Co-Petitioner 2. Child support will be paid until:  
\_\_\_\_\_ (month and year.)

**17. Medical Support. (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.  
**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.

**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.**

**18. Other Provisions:**

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**19. Request for Parenting Plan be Ordered by the Court.**

☐ Petitioner/Co-Petitioner 1 ☐ Respondent/ Co-Petitioner 2 request(s) the Court adopt this Parenting Plan as the final and enforceable Parenting Plan.

**WARNING: One parent's failure to comply with a provision of the parenting plan will not affect the other parent's obligation to comply with the parenting plan. Violation of any provision of this order with actual knowledge of its terms is punishable by contempt of court and may be a criminal offense under M.C.A. §§ 45-5-631 or 45-7-309. Violation of the Final Parenting Plan may subject a violator to arrest and a fine up to \$500 or imprisonment in the county jail.**

**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\_\_\_\_.

\_\_\_\_\_  
Petitioner/ Co-Petitioner 1

**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\_\_\_\_.

\_\_\_\_\_  
Respondent/ Co-Petitioner 2

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

#### **ORDER BY THE COURT**

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

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

\_\_\_\_\_  
☐ DISTRICT COURT JUDGE   ☐ STANDING MASTER

<p>_____,  <input type="checkbox"/> Petitioner,</p> <p>_____,  <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p><b>Case No:</b> _____</p> <p><b>Attachment: Description of Existing Medical Coverage</b></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.

**MP-300-G Description of Existing Medical Coverage**

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Use of this form may be used for non commercial uses only.



**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.

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

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☐ 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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\_\_\_\_\_  
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

---

 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 <input type="checkbox"/> Marriage <input type="checkbox"/> Parenting of:  _____, <div style="text-align: center;"><input type="checkbox"/> Petitioner   <input type="checkbox"/> Co Petitioner,</div>  and  _____, <div style="text-align: center;"><input type="checkbox"/> Respondent   <input type="checkbox"/> Co Petitioner.</div>	<b>Case No:</b> _____ <i>(leave blank, the clerk will complete)</i>  <div style="text-align: center;"><b>Notice to a Person not Named in the Case.</b></div>
---	---

 A parenting case has been filed concerning the following children:
 

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**Pursuant to 40-4-211 (5) MCA, Notice of a parenting proceeding must be given to the child's parent, guardian, caretaker, those persons with whom the child is physically residing, and all other contestants, who may appear, be heard, and file a responsive pleading. The court, upon a showing of good cause, may permit intervention of other interested parties.**

 This notice is being provided to you because:
 

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You are not required by law to respond to this notice or participate in the case.

If you are interested in this case or believe you should be a named party, you may file a **Motion to Intervene** with the Court named above and state your reasons for participating in the case.

**NEED HELP?** There are resources available to assist you in filing court 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:

[www.courts.mt.gov/selfhelp](http://www.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.

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

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_

☐ Petitioner ☐ Respondent ☐ Co-Petitioner

\_\_\_\_\_  
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 with 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**):
- ☐ Proposed Child Support Order or Guidelines Calculation has not been submitted to the Court for consideration.
  - ☐ 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: \_\_\_\_\_

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

**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,

and

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

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

**Dissolution Decree  
With Minor Children**  
Findings of Fact and Conclusions of Law

Procedural History.

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

Nature of the Case. *Choose One.*

☐ We filed a joint Petition.

OR

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

AND

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

OR

☐ Respondent did not file an answer or otherwise participate in this case. On \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, default was entered.

Parenting Plan. *Choose One.*

☐ Co-Petitioners filed a Proposed Parenting Plan along with the Petition and nothing has changed.

OR

☐ Petitioner filed and served Respondent a Proposed Parenting Plan along with the Petition and nothing has changed.

OR

☐ Circumstances have changed. ☐ Petitioner ☐ Respondent ☐ Both parties filed an Amended Parenting Plan and sent a copy to the other party.

OR

☐ Other:\_\_\_\_\_.

Child Support Calculation.

**a. Child Support Amount.**

☐ Petitioner ☐ Respondent 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 ☐ Petitioner ☐ Respondent ☐ 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 ☐ Petitioner ☐ Respondent ☐ 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 \_\_\_\_\_. ☐ Petitioner ☐ Respondent 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, ☐ Petitioner ☐ Respondent 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, ☐ Petitioner ☐ Respondent must make payments directly to ☐ Petitioner or ☐ Respondent.

**OR**

- ☐ On or before the first of each month, ☐ Petitioner ☐ Respondent must make payments to the Clerk of District Court.

**Immediate Income Withholding. Choose One.**

- ☐ Petitioner's ☐ Respondent'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:

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**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**

- ☐ Petitioner ☐ Respondent agrees to continue to pay child support until:

\_\_\_\_\_ because\_\_\_\_\_.

**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.)

**Proposed Property Distribution. Choose One.**

☐ Petitioner filed and served Respondent the Property Distribution along with the Petition and nothing has changed.

**OR**

☐ Circumstances have changed. ☐ Petitioner ☐ Respondent ☐ Each party has filed an Amended Property Distribution and sent a copy to the other party.

**OR**

☐ Other: \_\_\_\_\_.

**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**

☐ Affidavit to waive hearing, uncontested hearing. The parties agreed to all issues in this case.

**OR**

☐ Contested hearing. The parties disagree on the following:

☐ Some issues in the petition for dissolution

☐ Some issues with the parenting plan

☐ Some issues with the property distribution

**Appearances.**

Petitioner

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

☐ Respondent

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

### **FINDINGS OF FACT AND CONCLUSIONS OF LAW**

The court considered the evidence at the hearing and all pleadings, and finds:

Jurisdiction over the Parties

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

Venue

☐ Venue is proper in this county.

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 \_\_\_\_\_.

Irretrievable Breakdown. *Choose all that apply.*

☐ The marriage of the parties is irretrievably broken.

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

☐ 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.

☐ The Montana Conciliation Law (beginning at §40-3-101, M.C.A.) does not apply in this case.

Jurisdiction over the Children. Choose the most accurate description.

☐ The child(ren) lived in Montana for at least 6 consecutive months immediately before this case was filed. If a child(ren) is less than six months old, the child(ren) lived in Montana since birth.

**OR**

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

**OR**

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

**OR**

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

**OR**

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

Financial Disclosure of Assets and Liabilities. The Court finds that the parties are in compliance with financial disclosure requirements §§ 40-4-252 through 254, M.C.A.

Parenting Plan *Choose One*

The court finds the following parenting plan to be in the best interests of the child.

☐ Petitioner's Proposed Parenting Plan      ☐ as modified

☐ Respondent's Proposed Parenting Plan      ☐ as modified

☐ The Agreed Proposed Parenting Plan      ☐ as modified

☐ The Court's Parenting Plan.

Property Distribution. *Choose One.*

The court finds the following property disbursement is an equitable apportionment between the parties of the marital property, assets, and liabilities

☐ Petitioner's Proposed Property Disbursement      ☐ as modified

☐ Respondent's Proposed Property Disbursement      ☐ as modified

☐ The Agreed Proposed Property Disbursement      ☐ as modified

☐ The Court's Property Disbursement

Spousal Maintenance

☐ Spousal maintenance was not requested by either party.

OR

☐ The court finds that spousal maintenance is necessary because the requesting party lacks sufficient property to provide for the spouse's 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

☐ The court denies spousal maintenance because: \_\_\_\_\_

\_\_\_\_\_

Additional Findings: \_\_\_\_\_

\_\_\_\_\_

Previous Names

☐ Petitioner ☐ Respondent ☐ Co-Petitioner requested to have their previous name restored.

Additional Findings

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

\_\_\_\_\_

☐ Additional Findings of Fact and Conclusions of Law attached as Exhibit \_\_\_\_ are also incorporated into this decree.

**DECREE OF DISSOLUTION OF MARRIAGE**

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

The Court dissolves the marriage between Petitioner and Respondent.

The court dissolves the Temporary Economic Restraining Order issued in this matter under M.C.A. § 40-4-121(3).

The Court has signed and adopts the Parenting Plan identified as Exhibit \_\_\_\_\_. The Court orders the parties to follow this Parenting Plan.

The Court has signed and adopts the Property Distribution identified as Exhibit \_\_\_\_.  
The Court orders the parties to follow this Property Distribution.

Each party is ordered to take any action necessary to carry out the terms and conditions of this decree including the signing or transfer of titles, deeds, or other documents. All necessary actions must be completed no later than: \_\_\_\_\_.

Petitioner's name will ☐ remain ☐ be restored to:

\_\_\_\_\_

First            Middle            Last

Respondent's name will ☐ remain ☐ be restored to:

\_\_\_\_\_

First            Middle            Last

Spousal Maintenance: *Choose One*

☐ No spousal maintenance is awarded in this case.

OR

☐ Court orders ☐ Petitioner ☐ Respondent pay \$\_\_\_\_\_ per month until *(date of last payment)* \_\_\_\_\_ in spousal support. The payment must be made on the \_\_\_\_ of each month directly to ☐ Petitioner ☐ Respondent

Other Provisions:

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

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

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



\_\_\_\_\_  
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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This form may be used for non-commercial purposes only

**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.

# MONTANA STATE CASE REGISTRY AND VITAL STATISTICS REPORTING FORM

## DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

(See instructions on first page)

County / Tribe \_\_\_\_\_ Judicial District No. \_\_\_\_\_ Cause No. \_\_\_\_\_

Date Decree/ Order Signed \_\_\_\_\_

☐ Dissolution of Marriage

County that Issued Marriage License \_\_\_\_\_

City, County, State of Marriage \_\_\_\_\_

Date of Marriage \_\_\_\_\_

☐ With Child Support Order

☐ Without Child Support Order (Complete Parts 1, 2 & 9 only)

☐ Modification of Child Support Order

☐ Child Support Order, without Dissolution (Includes Temporary Support Orders and Paternity Orders with Child Support)

☐ Legal Separation with Child Support Order

☐ Dependent Neglect / Juvenile Delinquency

☐ Invalid Marriage - Specify Legal Grounds for Action \_\_\_\_\_

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

<b>2</b>	<b>Father/Husband:</b> <input type="checkbox"/> Payer <input type="checkbox"/> Payee <input type="checkbox"/> Both <input type="checkbox"/> N/A Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle/Suffix</span> </div>	Maiden Name: _____ SSN: _____ Telephone: (____) _____
Mailing Address: _____ <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): _____ 		
Date of Birth: _____ Place of Birth: _____ Race: _____ <div style="text-align: right; font-size: small;">State / Foreign Country</div>		
Driver's License # / State _____ Occupation: _____		
Number of this marriage (1st, 2nd, etc.): _____ Date, City & State of previous marriage(s): _____		

☐ **Other Payee:** If support is to be paid to another payee, check here and complete Part 4.

<b>3</b>	<b>Names of Children Included in the Support Order</b>						Re siding With **
	<u>Last</u>	<u>First</u>	<u>Middle</u>	Date of Birth	Sex	SSN	
	_____	_____	_____	_____	M F	_____	M F B O
	_____	_____	_____	_____	M F	_____	M F B O
	_____	_____	_____	_____	M F	_____	M F B O
	_____	_____	_____	_____	M F	_____	M F B O
	_____	_____	_____	_____	M F	_____	M F B O
	_____	_____	_____	_____	M F	_____	M F B O
If any of the above-named children are not residing with a parent, list the child's name and address : _____							**M=Mother F=Father B=Both O=Other

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 _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty*	Fees*	Interest*																																						
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<input type="checkbox"/> <b>Medical Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____																																						
<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": \$ \_\_\_\_\_