

## How to file a Joint Petition for Parenting Plan

### 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 a Joint Petition for Parenting Plan 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?** Resources are 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. Self Help staff members are well informed about the court process and can answer many questions as well as review your forms for completeness. Find the Court Help services nearest 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) or [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 throughout the state to help

with 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: File Documents.**

Court documents for a Joint Petition for Parenting Plan 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 three sets of copies (four 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 you will serve the other two copies on your Spouse and the Department of Health and Human Services in Step Three.

Here is a list of the forms you need to bring to the Clerk of District Court to file a Joint Petition for Parenting Plan:

1. Joint Petition for Parenting Plan **MP 117**
2. Proposed Parenting Plan **MP 300**
3. (If required) Holiday, Vacation and Special Occasions **MP 300 B**
4. (If required) Limited Parenting Time **MP 300 C**
5. (If required) Description of Existing Medical Coverage **MP 300 D**
6. (If required) Notice to a Person Not Named **MP 407**
7. 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.

There is a charge for filing a Joint Petition for Parenting Plan in Montana. If you cannot afford to pay the fee, 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.

**\*NOTE:** If you completed **MP 407**, You must also mail a copy of the **MP 407** to each person listed on the form

**STEP THREE: Serve the Department of Health and Human Services.**

**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 and Attorney General **MP 404**

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

2. Joint Petition for Parenting Plan **MP 117**
3. Proposed Parenting Plan **MP 300**
4. (If required) Holiday, Vacation and Special Occasions **MP 300 B**
5. (If required) Limited Parenting Time **MP 300 C**
6. (If required) Description of Existing Medical Coverage **MP 300 D**

**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 FOUR: Request a final hearing.**

Once you have filed your documents and served the Child Support Enforcement Division, you can request a hearing to finalize your Parenting Plan. You will now file the following forms at the Clerk of District Court:

1. Request for a Hearing on Parenting Plan **MP 721**
2. Order Granting Hearing on Parenting Plan **MP 722**
3. **Optional:** Consent to Entry of Parenting Plan **MP 731** (use this form if the other parent can't go to the hearing)

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

Attending your hearing is very important. Both parents should attend the hearing. If the other parent can't go to the hearing, the other parent will need to complete and sign form **MP 731**, Consent to Entry of Parenting Plan. This form lets the judge enter a parenting plan without the other parent being present at the hearing.

The Judge will ask you questions about your parenting plan and your children. This is the time for the Judge to make a decision on your parenting plan. After the Judge has made a decision, the Judge will sign the Parenting Plan **MP 300** that the Court considers fair and in the best interest of your children. You should take a copy of **MP 300** with you to your hearing that you have filled out for the judge.

Keep your copy of the final, court ordered, parenting plan in a safe place. As needed, you can make copies of your final Parenting Plan for day care providers, schools, and law enforcement.

## Document Checklist

- MP 117** – Joint Petition for Parenting Plan (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 404** – Notice and Acknowledgement to CSED and Attorney General
- MP 407** – Notice to Person Not Named

- MP 721** – Request for Hearing
  - Request for Default**
- MP 722** – Order Granting Hearing on Parenting Plan
- Vital Statistics**



# Filing Process for a Joint Parenting Plan Petition

## Step 1: Filing Initial Documents (Petitioner)

1. **MP-117** 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



## Step 2: Service Documents

1. **MP-404** Notice and Acknowledgement to CSED and Attorney General (when necessary)
2. **MP-407** Notice to a Person Not Named



  
**Following  
Step 2**

## Step 3: Request for final hearing

1. **MP-721** Request for a Hearing on Parenting Plan
  2. **MP-722** Order Granting Hearing on Parenting Plan
- Incorporated by reference:
- A. **MP-300** Final Court Ordered Parenting Plan and Parenting Time Attachments
  - B. **Child Support Calculation**
3. 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

<p>_____, Petitioner / Plaintiff,</p> <p>and</p> <p>_____, Respondent / Defendant.</p>	<p><b>Case No:</b> _____ (leave blank, the clerk will write in)</p> <p>Order Regarding Statement of Inability to Pay Court Costs</p>
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**Warning! Read carefully the section checked below.  
It is a court order.**

- Waiver of court costs is **Granted**. Declarant shall proceed without payment of court fees or costs.
- Temporary Waiver of court costs is **Granted**. Declarant may file without payment of court fees or costs, but the Court may determine at a later time that the declarant has the ability to pay all fees or costs and will require declarant to do so.
- Temporary Waiver of fees is **Granted**. Declarant may file without payment of court fees or costs, but must appear before the Court at \_\_\_\_\_ a.m/p.m. on the \_\_\_\_\_ day of \_\_\_\_\_ and show cause why the declarant lacks the ability to pay all fees or costs.

**Warning! If this third box is checked, you must come to court on the date ordered above. If you don't come, the judge will deny your request to waive court costs, and you will have to pay the court costs.**

- Waiver of Fees and costs is **Denied**. Waiver is denied based on the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
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: \_\_\_\_\_  
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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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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.)

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**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
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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.		
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3.		
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Asset	Value
Cash (This includes the money in your savings and checking accounts)	\$
Vehicle 1: provide year, make and model _____	\$
Vehicle 2: provide year, make and model _____	\$
Home where you live now	\$
Real estate or other homes/mobile homes (Not including the home you are living in now)	\$
Recreational vehicle(s) such as snowmobile, ATV, camper/RV, boat, motorcycle, etc.	\$
Guns or other collections	\$
Other Item(s) worth more than \$600—describe: _____	\$

**III. DEBTS AND EXTRAORDINARY EXPENSES** *(Complete this Section to the best of your ability.)*

**What bills do you and your spouse pay each month?** Fill in the chart below.

Monthly Expenses	Value
Housing Expense: Mortgage or Rent	\$
General Household Expenses: Utilities, Phone/Internet/Cable, etc.	\$
Insurance Expenses, Healthcare Costs and/or Medical Debt(s)	\$
Childcare Expenses	\$
Other Extraordinary Expenses: e.g., Collection actions, Student Loans—describe: _____	\$

**IV. ADDITIONAL INFORMATION** *(This Section is optional.)*

If you have additional information that you want the court to consider about your inability to pay court costs, write that information under your signature below or attach an extra page. Check here if you attached another page:

**V. DECLARATION** *(This Section is Required.)*

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

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

YOUR Signature: \_\_\_\_\_

Court Use Only

MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT, \_\_\_\_\_ COUNTY  
 IN THE JUSTICE COURT OF \_\_\_\_\_ COUNTY, STATE OF MONTANA  
 IN THE MUNICIPAL OR CITY COURT OF \_\_\_\_\_, MONTANA

<p>_____, Petitioner / Plaintiff,  and  _____, Respondent / Defendant.</p>	<p><b>Case No:</b> _____ (leave blank, the clerk will write in)</p> <p>Order Regarding Statement of Inability to Pay Court Costs</p>
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**Warning! Read carefully the section checked below.  
It is a court order.**

Waiver of court costs is **Granted**. Declarant shall proceed without payment of court fees or costs.

Temporary Waiver of court costs is **Granted**. Declarant may file without payment of court fees or costs, but the Court may determine at a later time that the declarant has the ability to pay all fees or costs and will require declarant to do so.

Temporary Waiver of fees is **Granted**. Declarant may file without payment of court fees or costs, but must appear before the Court at \_\_\_\_\_ a.m/p.m. on the \_\_\_\_\_ day of \_\_\_\_\_ and show cause why the declarant lacks the ability to pay all fees or costs.

**Warning! If this third box is checked, you must come to court on the date ordered above. If you don't come, the judge will deny your request to waive court costs, and you will have to pay the court costs.**

Waiver of Fees and costs is **Denied**. Waiver is denied based on the following:

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

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

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

\_\_\_\_\_  
Name

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

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

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

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

Co Petitioner

**Appearing without a lawyer**

\_\_\_\_\_  
Name

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

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

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

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

Co Petitioner

**Appearing without a lawyer**

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

In re the Parenting of:

\_\_\_\_\_,  
*(name(s) of minor child(ren))*

\_\_\_\_\_,  
*(First, Middle, Last) Co Petitioner (you),*

and

\_\_\_\_\_,  
*(First, Middle, Last) Co Petitioner (other parent).*

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

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

## **Joint Petition for Parenting Plan**

### **1. Jurisdiction of the children. Choose the most accurate description.**

- Our child(ren) lived in Montana for at least 6 consecutive months immediately

#### **MP-117 Joint Petition for Parenting Plan**

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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**

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

**2. Co Petitioner. Your information:**

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

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

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

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

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

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

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

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

**3. Co Petitioner. Your information:**

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

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

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

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

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

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

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

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

**4. Pregnancy. Choose one.**

The mother is not pregnant.

**OR**

The mother is pregnant and the other parent is the father.

**OR**

The mother is pregnant and is unsure who the other parent is.

**OR**

The mother is pregnant and the other parent is not the father.

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

**5. All minor children, 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)

**6. 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)*

**7. Other Court Cases. Choose One.**

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

I 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)*

**8. Other people. Choose one:**

I don't know of any other person, not the other parent, 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

I understand I 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.)*

**9. Parenting Plan.**

It is in the best interest of our child(ren) that this court adopt our 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. I can find this law at §40-4-204, M.C.A.

**10. Other:**

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

1. Adopt the Petitioner's proposed parenting plan, including parenting time, child support, and medical support.

2. Other:

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

3. 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 \_\_\_\_\_

Co Petitioner: \_\_\_\_\_

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

Co Petitioner: \_\_\_\_\_

\_\_\_\_\_  
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:

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Other (*specify*):

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- 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

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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:

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**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**

**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  Respondent  Co Petitioner

**Appearing without a lawyer**

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

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

A parenting case has been filed concerning the following children:

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

**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:

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

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

**MP-407 Notice to a Person Not Named**

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This form may be used for non-commercial purposes only

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**

<p>In re the Parenting of:</p> <p>_____, Minor Child(ren)</p> <p>_____, <input type="checkbox"/> Petitioner <input type="checkbox"/> Co-Petitioner</p> <p>and</p> <p>_____, <input type="checkbox"/> Co-Petitioner <input type="checkbox"/> Respondent</p>	<p><b>Case No:</b> _____</p> <p style="text-align: center;"><b>Request for Hearing</b> and Default by Clerk</p>
--	---

I, the  Petitioner  Respondent  Co-Petitioner, ask the court to schedule a hearing to obtain a Final Parenting Plan.

**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.**

Petitioner  Respondent  Both parents have submitted to the Court:

**Choose One:**

Proposed Child Support Guidelines Calculation Worksheet(s)

**OR**

Child Support Enforcement Division Child Support Order.

**3. 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

\_\_\_\_\_  
Name

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

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

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

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

Co Petitioner  
Appearing without a lawyer

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

In re the Parenting of:

\_\_\_\_\_,  
*(name(s) of minor child(ren))*

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

and

\_\_\_\_\_,  
*(First, Middle, Last) Respondent (other parent).*

**Case No:** \_\_\_\_\_  
*(leave blank, the clerk will write in)*

**Consent to Entry  
of Parenting Plan**

By signing this Consent to Entry of Parenting Plan I am asking the Court to adopt the Parenting Plan we filed with our Joint Petition for Parenting Plan. I also waive my right to testify at the final hearing.

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

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

<p>In re the Parenting of:</p> <p>_____, Minor Child(ren)</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>Court Order on Hearing for Parenting Plan</b></p>
--	---

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 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-721** Request for a Hearing and Statement of Compliance.

**OR**

Parties appear at the hearing as scheduled.

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

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

**State of Montana Case Registry and Vital Statistic Reporting Form**  
**Department of Public Health and Human Services**

**INSTRUCTIONS**

**Order Information:** Check the box that most accurately describes the type of order being entered. If it is 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 needs 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 (payor) 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 payor.

**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 payors. Complete only if both parties are ordered to pay support. See Part 6 instructions.

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

# STATE OF MONTANA CASE REGISTRY AND VITAL STATISTICS REPORTING FORM

(See instructions on first page)

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

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

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Dissolution of Marriage</b><br>County that Issued Marriage License: _____<br>City, County, State of Marriage: _____<br>Date of Marriage: _____<br><input type="checkbox"/> <b>With Child Support Order</b><br><input type="checkbox"/> <b>Without Child Support Order</b> (complete Parts 1, 2 & 9 only)<br><input type="checkbox"/> <b>Modification of Child Support Order</b> | <input type="checkbox"/> <b>Child Support Order, without Dissolution</b> (Includes Temporary Support Orders and Paternity Orders with Child Support)<br><input type="checkbox"/> <b>Legal Separation with Child Support Order</b><br><input type="checkbox"/> <b>Dependent Neglect/Juvenile Delinquency</b><br><input type="checkbox"/> <b>Invalid Marriage-Specify Legal grounds for Action:</b><br>_____<br>_____ |
|---|---|

**1 Spouse/Parent 1:**     Payor     Payee     Both     N/A    Former Name: \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Last                                  First                                  Middle/Suffix

Mailing Address: \_\_\_\_\_  
Street    City    State    Zip

Residential Address (if different from above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  
State/Foreign Country

Driver's License#/State \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of this marriage (1<sup>st</sup>, 2<sup>nd</sup>, etc.): \_\_\_\_\_ Date, City & State of previous marriage(s): \_\_\_\_\_

**2 Spouse/Parent 2:**     Payor     Payee     Both     N/A    Former Name: \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ Telephone#: \_\_\_\_\_  
Last                                  First                                  Middle/Suffix

Mailing Address: \_\_\_\_\_  
Street    City    State    Zip

Residential Address (if different from above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_  
State/Foreign Country

Driver's License#/State \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of this marriage (1<sup>st</sup>, 2<sup>nd</sup>, 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.

**3 Names of Children Included in the Support Order:**

Last	First	Middle	Date of Birth	Gender	SSN	Residence of Child

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



**4 Other Payee:**

Name of person/agency owed support if not a parent: \_\_\_\_\_  
Last Name or Agency First Name Middle

Mailing Address: \_\_\_\_\_  
Street City State Zip

Residential Address (if different from above): \_\_\_\_\_

**5 Protective Order:**

Is a party to this action protected from another party to the action by an order of protection?  
 Yes  No If yes, enter name(s) of protected party(ies): \_\_\_\_\_

**6 Employer/Income Source Information:**

Provide information about the payor's employment or periodic source of income. (Attach additional pages if needed)

Check here if this order requires both parties to pay support. If checked, skip Parts 6 & 7, and complete Parts 8, 9, 10 & 11.

Name of Employer or Source of Income Telephone #

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

Chose type of support and enter appropriate information. If applicable, arrears due at time of order: \$ \_\_\_\_\_

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

(Alimony)

(\*list amounts included in judgment)

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

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

Was Parent 1 represented by an attorney?  Yes  No Was Parent 2 represented by an attorney?  Yes  No

**Information from child support guidelines worksheet:**

Parent 1: "Income after deductions" \$ \_\_\_\_\_ "Credit for Payment of Expenses" \$ \_\_\_\_\_

Parent 2: "Income after deductions" \$ \_\_\_\_\_ "Credit for Payment of Expenses" \$ \_\_\_\_\_

**8 Health Insurance:** (Attach additional pages if needed.)

Is health insurance provided for the children?  Yes  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 Parent 1 employer?  Yes  No

Parent 2 employer?  Yes  No

**9 This form was completed by: Name/Title:** \_\_\_\_\_

Telephone #: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Complete next page if both parties are ordered to pay child support

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.

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

**10--Parent 1--Employer/Income Source Information:**

Provide information about parent 1 employment or periodic source of income. (Attach additional pages if needed.)

\_\_\_\_\_  
*Name of Employer or Source of Income* \_\_\_\_\_  
*Telephone #*

\_\_\_\_\_  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_  
*State* \_\_\_\_\_  
*Zip*

**10--Parent 2--Employer/Income Source Information:**

Provide information about parent 2 employment or periodic source of income. (Attach additional pages if needed.)

\_\_\_\_\_  
*Name of Employer or Source of Income* \_\_\_\_\_  
*Telephone #*

\_\_\_\_\_  
*Street* \_\_\_\_\_  
*City* \_\_\_\_\_  
*State* \_\_\_\_\_  
*Zip*

**11--Parent 1--Support Order Date Order Signed:** \_\_\_\_\_

**Parent 1 Support Obligation:** If applicable, arrears due at time of order: \$ \_\_\_\_\_

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

*(Alimony)*

*(\*list amounts in included in judgment)*

Is Parent 1 exempt from income withholding under MCA 40-5-315?  Yes  No  Tribal Order

**11--Parent 2--Support Order Date Order Signed:** \_\_\_\_\_

**Parent 2 Support Obligation:** If applicable, arrears due at time of order: \$ \_\_\_\_\_

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

*(Alimony)*

*(\*list amounts in included in judgment)*

Is Parent 2 exempt from income withholding under MCA 40-5-315?  Yes  No  Tribal Order

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

Was Parent 1 represented by an attorney?  Yes  No

Was Parent 2 represented by an attorney?  Yes  No

Information from child support guidelines worksheet:

Parent 1: "Income after deductions": \$ \_\_\_\_\_

"Credit for Payment of Expenses": \$ \_\_\_\_\_

Parent 2: "Income after deductions": \$ \_\_\_\_\_

"Credit for Payment of Expenses": \$ \_\_\_\_\_

\_\_\_\_\_  
Name

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

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

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

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

Petitioner  Respondent  Co Petitioner

**Appearing without a lawyer**

\_\_\_\_\_  
Name

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

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

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

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

Co Petitioner

**Appearing without a lawyer**

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

In re the Parenting of:  
\_\_\_\_\_,

*OR*

In re the Marriage of:  
\_\_\_\_\_,

and \_\_\_\_\_  
 Petitioner,

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

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

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

**Proposed**  **Amended**  
**Parenting Plan**

**1. Objectives.**

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

**MP-300 Parenting Plan and Final Decree Attachment**

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This form may be used for non-commercial purposes only

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

**2. Parent Information:**

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

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

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

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

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

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

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

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

**3. Our Children:**

This parenting plan applies to these children:

Name	Age	Year of Birth

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

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

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

**OR**

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

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

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

**Parenting time**

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

**Choose all that apply:**

Weekends:

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

Weekend parenting time begins:

(day of week) \_\_\_\_\_ at (time) \_\_\_\_\_  a.m.  p.m.

and ends:

(day of week) \_\_\_\_\_ at (time) \_\_\_\_\_  a.m.  p.m.

Weekdays:

Monday  Tuesday  Wednesday  Thursday  Friday

from \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_  a.m.  p.m.

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

**Child Care Options. Choose one if applicable:**

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

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

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

Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transportation for Our Children.**

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

**Choose one:**

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

**OR**

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

**OR**

Other (specify): \_\_\_\_\_.

b. Transportation cost.

**Choose One:**

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

**OR**

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

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

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

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

**OR**

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

**6. Supervised or Limited Parenting Time. Choose one.**

Supervised or limited visitation is not necessary.

**OR**

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

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

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

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

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

a \_\_\_\_ mile radius of the child's residence.

the following counties *(specify)* \_\_\_\_\_

the State of Montana

This is in the best interest of our children because: \_\_\_\_\_

---

---

c.  Other *(specify)* \_\_\_\_\_

---

**8. Passport. Choose all that apply.**

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

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

Other (specify) \_\_\_\_\_  
\_\_\_\_\_.

**9. Communications. Choose all that apply.**

While our children are with one parent:

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

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

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

\_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
\_\_\_\_\_.

**10. State and Federal Benefit Programs**

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

**Choose One**

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

**OR**

Other (specify): \_\_\_\_\_  
\_\_\_\_\_.

**11. Designation of Children for Income Tax Purposes.**

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

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

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

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

Other (specify): \_\_\_\_\_  
\_\_\_\_\_.

Each parent will fill out the necessary tax forms to claim our children as dependents



for income tax purposes.

This arrangement will begin in the tax year our parenting plan is signed by the court.

## 12. Co-Parenting Guidelines.

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

### OR

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

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

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

Second-hand smoke;

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

\_\_\_\_\_.

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

### 13. Decision Making.

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

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

**Choose any that apply.**

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

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

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

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

**OR**

g. Mother Father will be the sole decision maker about major decisions for our children's lives, including  education non-emergency health care, spiritual development, and extra-curricular activities. This is in our children's best interest because:

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

**h. Other** *(specify)*:

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

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

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

**OR**

It is appropriate that only  Mother  Father have access because \_\_\_\_\_  
\_\_\_\_\_.

**15. Access to Our Information. Choose One.**

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

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

**OR**

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

**16. Parent's Residential Change.**

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

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

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

**OR**

Neither party is receiving these benefits.

**OR**

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

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

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

**OR**

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

**19. Child Support Calculation.**

**a. Child Support Amount.**

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

**Choose one.**

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

**OR**

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

**OR**

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

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

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

**OR**

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

**b. Child Support Payments. Choose One.**

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

**OR**

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

payments directly to  Mother or  Father.

**OR**

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

**20. Immediate Income Withholding. Choose One.**

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

**OR**

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

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

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

**OR**

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

**22. Medical Support. Choose One.**

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

**Choose One:**

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

**OR**

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

**OR**

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

**b. Our responsibilities:**

- a. We will fill out, sign, and deliver all necessary documents to the insurance company to make sure our children are continuously covered under the plan.
- b. We will timely submit claims to the insurance company for processing.
- c. We will give each other insurance cards or other methods for access to coverage.
- d. If the insurance company reimburses a parent who didn't pay the bill, that parent will immediately pay the parent who did pay the bill.
- e. If one of us is responsible for paying medical costs and expenses and we don't pay, the court may enter a judgment against us for unpaid support. The Court may hold that parent in contempt for non-payment of support.
- f. If we are responsible for paying the insurance premium and we don't, the other parent, the Department of Public Health and Human Services, or other responsible party, may pay the premium. The court may enter a judgment against the nonpaying parent for unpaid support. The Court may hold that parent in contempt for non-payment.

**NOTICE: The court may impose civil penalties for intentionally violating the medical support order. You can find this law at §40-5-821, M.C.A.**

**23. Review of Parenting Plan.**

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

We will:

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

We agree our first-choice of mediator will be

\_\_\_\_\_

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

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

**OR**

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

**24. Violation of the Parenting Plan.**

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

**25. Modification.**

The Court can only modify this agreement, if:

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

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

**26. Other Provision:**

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**27. Other Provision:**

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

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

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

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

Petitioner Respondent Co-Petitioner



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

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

Other Parent Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_

Petitioner  Respondent  Co-Petitioner

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

**Order by the Court**

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

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

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DISTRICT COURT JUDGE

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

Each of our children

**OR**

List: \_\_\_\_\_

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

**2. Parenting time**

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

**Choose all that apply:**

Weekends:

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

Weekend parenting time begins:

(day of week) \_\_\_\_\_ at (time) \_\_\_\_\_  a.m.  p.m.

and ends:

(day of week) \_\_\_\_\_ at (time) \_\_\_\_\_  a.m.  p.m.

Weekdays:

Monday  Tuesday  Wednesday  Thursday  Friday

from \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_  a.m.  p.m.

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

\_\_\_\_\_

\_\_\_\_\_

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

**3. Child Care Options. Choose one if applicable:**

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

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

Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Transportation for Our Children.**

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

**Choose one:**

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

**OR**

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

**OR**

Other (specify): \_\_\_\_\_.

b. Transportation cost.

**Choose One:**

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

**OR**

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

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

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

All our children

**OR**

List: \_\_\_\_\_

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

**2. Special Schedule Rules**

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

	Special Occasions
	School Breaks
	Holiday
	Regular parenting time schedule

**3. Special Occasions. Complete all rows that apply.**

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

**(Optional) Additional Notes on Special Occasions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. School Breaks. Complete all rows that apply.**

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

**(Optional) Additional notes on School Breaks:**

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**5. Holidays. Complete all rows that apply.**

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

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

**(Optional) Additional notes on Holidays:**

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<p>_____,  <input type="checkbox"/> Petitioner,  _____,  <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p><b>Case No:</b> _____</p> <p><b>Attachment: Limited Parenting Time</b></p>
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**1. Children Covered by this Schedule**

Each of our children

**OR**

List: \_\_\_\_\_

**2. Limitations. Choose all that apply.**

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

\_\_\_\_\_

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

Limitations will continue until: \_\_\_\_\_.

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

\_\_\_\_\_

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

Supervision will continue until: \_\_\_\_\_.

c.  Other: \_\_\_\_\_

\_\_\_\_\_



<p>_____,  <input type="checkbox"/> Petitioner,  _____,  <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p><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**

**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.