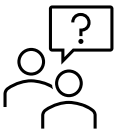
How to File a Joint Petition Dissolution of Marriage with Children

Information Not Legal Advice
How to File a Joint Petition for Dissolution of Marriage with Children is information only. The information is not legal advice. This information is written based on Montana law and only applies to Dissolutions in Montana. The information is not guaranteed to be up to date. The information can't replace advice from an attorney.

NEED HELP? There are resources available.



The Court Help Program. The Court Help Program assists people representing themselves in court. There are Court Help Centers (sometimes called Self-Help Law Centers) located throughout the state to assist you on a walk-in basis and remote appointments are available if your local courthouse does not have a Court Help Center. Court Help staff are not lawyers and cannot provide legal advice. Staff are informed about the court process and can answer questions as well as review your forms for completeness. Find Court Help services near you: https://courts.mt.gov/SelfHelp/ or call 406-444-9300.

Montana Legal Services Association. Montana Legal Services Association provides free civil legal assistance to low-income Montanans. If you qualify, Montana Legal Services Association may be able to connect you with a variety of services. Visit www.MontanaLawHelp.org or call MLSA at 1-800-666-6899.

State Bar of Montana. If you are interested in hiring an attorney to advise or represent you, the State Bar Lawyer Referral Service has a list of attorneys all over Montana. The Lawyer Referral Service is available at www.montanabar.org.

Are these forms right for me?

These forms are the right forms for you if you are married, have children from the marriage, and you agree how your property should be divided and parenting time for your children.

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What is the Process?

NOTE: The steps for filing for a dissolution may be slightly different in your judicial district. Check with the Clerk of District Court at your county courthouse for local requirements.

STEP ONE: Exchange financial information.

Both parents must give each other the **Disclosure of Income and Expenses MP-520** form**.** This is required by law. If you do not exchange this information, the Court may refuse to finalize your divorce. Or you could be forced to give your spouse anything that you failed to disclose.

When you start this case, an Automatic Economic Restraining Order goes into effect. This order limits what either person can do with money and property until the divorce is complete. The full rules for this law can be found in Montana Code Annotated, §40-4-126.

STEP TWO: File your completed forms at the Clerk of District Court.

If you are married, have children from the relationship, and agree on everything, this is the right packet for you.

Your completed forms are also called “court documents.” Court documents for a Dissolution with Children are filed with the Clerk of District Court in the county where you, your spouse, or your children live. After filling out the forms, make 3 sets of copies (4 total, including the original) of the forms that start your case.

Here is a list of the forms you complete and file with the Clerk of District Court to start your case. Together, these may be referred to as a “completed forms packet.”

Forms Checklist for the Clerk of District Court:

- ☐ **Statement of Inability to Pay Court Costs and Fees MP-001. (Optional)** Use this form if you can’t afford to pay the court fees. This form may be different based on your local Court preferences, and you can contact a local Court Help Center or Clerk of District Court for that information.
- ☐ **Joint Petition for Dissolution MP-121.** This is the formal request for the Court to dissolve your marriage**.**
- ☐ **Request for a Final Hearing MP-121.1**
- ☐ **Court Order for Final Hearing MP-121.2** (You will fill out only the header and the rest will be filled out by the Court.)
- ☐ **Joint Proposed Parenting Plan MP-320.** This is your proposal for parenting time for the Court and your spouse to review.
- ☐ **Joint Proposed Property Distribution MP-521.** This is your proposal for

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dividing up your marital property. You and your spouse may have divided property already or have shared understanding on how things will be divided. All existing assets (land, vehicles, bank accounts, personal property, debts, etc.) must be approved by the Court.

- ☐ **Decree of Joint Dissolution MP-721. (**You will fill out only the header and leave the rest for the Court to complete once your marriage is dissolved.)

Additional forms you need to complete and exchange between the parents (but DO NOT file with the Court at this stage) are the **Joint Disclosure of Income and Expenses MP-520.**

Once the forms are completed, make three copies of the full list of forms. Take the original forms to the Clerk of District Court office. The original set of forms will be kept by the Clerk of Court. One copy is for you to keep in a safe place, and the other copy you will serve on the Department of Public Health and Human Services in Step Three. **DO NOT FILE** the **Disclosure of Income & Expenses MP-516**. Only exchange the **MP-516** with your spouse.

STEP THREE: Serving the Department of Health and Human Services.

If you or the other parent receives Title IV-D services (aka Temporary Assistance to Needy Families (TANF)) or have a case with the Child Support Services Division (CSSD), you must serve the Department of Health and Human Services (DPHHS) by mailing or delivering to the nearest CSSD office these documents:

- ☐ Joint Petition for Dissolution **MP-121**
- ☐ Joint Proposed Parenting Plan **MP-320**
- ☐ Notice and Acknowledgement to CSSD **MP-430**
  Complete the first 2 pages of **MP-430** with your own information. Page 3 is mostly completed by DPHHS. 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. Either Petitioner can mail this document and fill out the Certificate of Service.
- ☐ Envelope stamped and addressed to the local Clerk of District Court.

STEP FOUR: Attend your final hearing.

You should receive a scheduling order within 120 days of filing with the Clerk of District Court. Attending your hearing is very important. This is when the Judge will make decisions about your case. If either party is unable to attend the hearing, they may file a *notarized* **MP-130 Consent to Entry of Decree**. If you requested to waive your hearing, you will want to obtain a copy of your final signed **Decree of Dissolution MP-721** from the Court. The Court will indicate that the proposed property distribution and parenting plan are “Court Ordered” by signing the bottom of the forms it approves.

Ask the Clerk of Court’s office for a copy of your final Dissolution Decree, Court Ordered

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Parenting Plan, and Proposed Property Distribution. You can make extra copies of your Decree and Parenting Plan for day care providers, schools, and law enforcement.

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail

☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2

MONTANA ____JUDICIAL DISTRICT COURT, _____ COUNTY

_____ Petitioner/Co-Petitioner 1, and _____ Respondent/Co-Petitioner 2	**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 response 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: _____.

Birth month: _____ year: _____.

Choose One:

☐ 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 <u>each</u> benefit you receive.*)

☐ SNAP ☐ TANF ☐ SSI ☐ Medicaid ☐ WIC ☐ LIHEAP

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.

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I. INCOME

What do you do for work? _____ Who is your employer? _____

What is your household's annual income, before taxes? _____ How many people are in your household? ___
(*The tables below will help you answer these questions, if you are not sure what to put in the blanks.*)

If you are unemployed, when were you last employed (Month, Year)? _____ Your job? _____

Are you married? ☐ Yes ☐ No ☐ Separated ☐ Getting Divorced NOTE: If you are not married, if you and your spouse are separated, or if one of you is filing for dissolution of marriage, you do not need to provide your spouse's income below.

Fill in the chart below with the income received by you, and by your spouse, if applicable. Put a "0" in each blank if you or your spouse don't receive the income listed.

Income Sources	Amount YOU receive per month *before* taxes	Amount YOUR SPOUSE receives per month *before* taxes
Employment	$	$
Retirement/Pension	$	$
Workers' Compensation	$	$
Social Security	$	$
Unemployment	$	$
Government Benefits	$	$
Child Support Received	$	$
A person or agency pays my rent or other monthly expenses and the amount is: _____	$	$
Other Income—e.g., rental income, stocks, investments, etc.—describe: _____	$	$
Total here:	$	$

What is your household size? How many persons, if any, depend on you financially? If none, then write "N/A" below. Attach another page if needed and check here to tell the court you attached another page: ☐

Dependents (Initials Only)	**Age**	**Relationship to You**
1.		
2.		
3.		
4.		
5.		

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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: _____

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Court Use Only

MONTANA ____ JUDICIAL DISTRICT COURT _____ COUNTY

_____ Petitioner/Co-Petitioner 1, and _____ Respondent/Co-Petitioner 2	**Case No:** _____ (*leave blank, the clerk will write in*) **Order Regarding Statement of Inability to Pay Court Costs**

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 or Standing Master

_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail

☐ Petitioner/Co-Petitioner 1 ☐ Respondent/Co-Petitioner 2

MONTANA ____JUDICIAL DISTRICT COURT, _____ COUNTY

_____ Petitioner/Co-Petitioner 1, and _____ Respondent/Co-Petitioner 2	**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 response 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: _____.

Birth month: _____ year: _____.

Choose One:

☐ 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 <u>each</u> benefit you receive.*)

☐ SNAP ☐ TANF ☐ SSI ☐ Medicaid ☐ WIC ☐ LIHEAP

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.

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I. INCOME

What do you do for work? _____ Who is your employer? _____

What is your household's annual income, before taxes? _____ How many people are in your household? ___
(*The tables below will help you answer these questions, if you are not sure what to put in the blanks.*)

If you are unemployed, when were you last employed (Month, Year)? _____ Your job? _____

Are you married? ☐ Yes ☐ No ☐ Separated ☐ Getting Divorced NOTE: If you are not married, if you and your spouse are separated, or if one of you is filing for dissolution of marriage, you do not need to provide your spouse's income below.

Fill in the chart below with the income received by you, and by your spouse, if applicable. Put a "0" in each blank if you or your spouse don't receive the income listed.

Income Sources	Amount YOU receive per month *before* taxes	Amount YOUR SPOUSE receives per month *before* taxes
Employment	$	$
Retirement/Pension	$	$
Workers' Compensation	$	$
Social Security	$	$
Unemployment	$	$
Government Benefits	$	$
Child Support Received	$	$
A person or agency pays my rent or other monthly expenses and the amount is: _____	$	$
Other Income—e.g., rental income, stocks, investments, etc.—describe: _____	$	$
Total here:	$	$

What is your household size? How many persons, if any, depend on you financially? If none, then write "N/A" below. Attach another page if needed and check here to tell the court you attached another page: ☐

Dependents (Initials Only)	**Age**	**Relationship to You**
1.		
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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: _____

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Court Use Only

MONTANA ____ JUDICIAL DISTRICT COURT _____ COUNTY

_____ Petitioner/Co-Petitioner 1, and _____ Respondent/Co-Petitioner 2	**Case No:** _____ (*leave blank, the clerk will write in*) **Order Regarding Statement of Inability to Pay Court Costs**

Warning! Read carefully the section checked below.
It is a court order.

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☐ 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 or Standing Master

_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail
☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA ____ JUDICIAL DISTRICT COURT _____ COUNTY

In the Marriage of: _____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Case No:** _____ *(Leave blank, the clerk will write in)* **Joint Petition for Dissolution of Marriage with Children**

1. Jurisdiction.

a. Either spouse meets the residency requirements in § 40-4-104, M.C.A. For 90 days before filing this case, at least one spouse lived in or was stationed in Montana.

b. Our marriage is irretrievably broken and there is no reasonable prospect of reconciliation.

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2. Co-Petitioner 1 Information:

Name First: _____ Middle:_____ Last:_____

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ County: _____

Physical Address: _____

City: _____ State: _____ County: _____

Year of Birth:____ Age: ____ Occupation: _____

How long have you lived in this county? _____

How long have you lived in Montana? _____

3. Co-Petitioner 2 Information:

Name First: _____ Middle:_____ Last:_____

E-mail Address (optional): _____

Mailing Address: _____

City: _____ State: _____ County: _____

Physical Address: _____

City: _____ State: _____ County: _____

Year of Birth:____ Age: ____ Occupation: _____

How long have they lived in this county? _____

How long have they lived in Montana? _____

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4. **Your marriage.** *(Choose one)*

☐ We were married on (date) _____. We filed our

marriage license in _____ County, State of _____.

OR

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

OR

☐ We filed a declaration of marriage on (date) _____

in _____ County, State of _____.

5. **Separation.** (*Choose one)*

☐ We physically separated on (*date)* _____.

OR

☐ We have not yet physically separated.

6. **Pregnancy.** *(Choose one)*

☐ Neither spouse is pregnant.

OR

☐ One spouse is pregnant, and the other spouse is the other parent of the pregnancy.

OR

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

Notice: A parenting plan must be filed after the child is born if one spouse is pregnant and the other spouse is the other parent, or the other parent is unknown.

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

Initials	Age	Birth Year	Minor primarily lives with:
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Both ☐ Other

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

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

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

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

OR

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

OR

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

OR

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

OR

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

10. Other Court Cases. *(Choose one)*

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

☐ 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: _____

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☐ I didn't participate.

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

11. Other people. (*Choose one)*

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

OR

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

Party's Name	Address	Child's Initials	Description
			☐ Has physical custody ☐ Claims physical custody ☐ Claims visitation rights
			☐ Has physical custody ☐ Claims physical custody ☐ Claims visitation rights
			☐ Has physical custody ☐ Claims physical custody ☐ Claims visitation rights

NOTICE: Petitioner must give notice of this case to anyone on the above list.

12. Parenting Plan.

It is in the best interest of our child(ren) that this court adopt our proposed parenting plan. We have completed and filed a **Joint Proposed Parenting Plan MP 320** with the Court.

NOTICE: Form MP-320 MUST BE FILED ALONG WITH THIS PETITION

13. Property Distribution.

We have marital property, including personal property, real property, other assets, liabilities, and/or debts that need to be distributed as we agree or by the court. We ask the court to distribute our marital property as described in **Form MP-521** Proposed Property Distribution.

We have completed and filed a Joint Proposed Property Distribution **Form MP-521** with the Court.

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NOTICE: Form MP 521 MUST BE FILED ALONG WITH THIS PETITION

14. Preliminary Disclosure.

We have completed and exchanged **Form MP-520** Disclosure of Income and Expenses.

NOTICE: Form MP-520 IS ONLY PROVIDED TO YOUR SPOUSE. DO NOT FILE MP-520 WITH THE COURT.

15. Former Name. (*Choose one*)

☐ Co-Petitioner 1 requests the Court restore their previous name:

Current Name:

_____

(First, Middle, Last)

Previous Name to be Restored:

_____

(First, Middle, Last)

☐ Co-Petitioner 2 requests the Court restore their previous name:

Current Name:

_____

(First, Middle, Last)

Previous Name to be Restored:

_____

(First, Middle, Last)

OR

☐ Petitioners want to keep their current names.

16. Maintenance. (*Choose one)*

☐ Petitioners are not requesting maintenance.

OR

☐ Petitioners request the following maintenance agreement (include amount, duration, and payment schedule):

_____

_____

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_____

17. Hearing (*Choose one)*

☐ Petitioners would like the Court to waive a hearing and issue the final decree of dissolution.

OR

☐ Petitioners would like the Court to schedule a hearing and issue the final decree of dissolution.

18. Other:

_____

_____

_____

19. We ask the court to take the following action:

a. Enter a decree of dissolution of marriage dissolving our marriage.

b. Adopt the Joint Proposed Parenting Plan (MP 320), including parenting time, child support, and medical support.

c. Grant each party the marital property, including personal property, real property, other assets, liabilities, and/or debts as stated in the Joint Proposed Property Distribution (MP 521) filed separately.

d. If we asked the Court to do so, restore former name(s).

e. If we asked the Court to do so, enter an order for maintenance.

f. Other:

_____

_____

_____

g. 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. By signing this Petition, we further acknowledge that we are subject to an Automatic Economic Restraining Order limiting what actions we can take until this marriage is fully dissolved. The complete terms of that restraining order are defined in Montana Code Annotated § 40-4-126.

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Dated this _____day of _____, 20__.

Sign Here: _____ Sign Here: _____

Print Name: _____ Print Name: _____
Co-Petitioner 1 Co-Petitioner 2

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail
☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA _____ JUDICIAL DISTRICT COURT_____ COUNTY

In the Marriage of: _____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Case No:** _____ **Request for Final Hearing on Joint Dissolution with Children**

We ask the court to hold a final hearing to resolve our case.

a. Petitioners have filed all of the necessary information with the Court and we agree on all issues.

b. Petitioners have submitted to the Court a **Proposed Parenting Plan and Child Support Request MP-320**. We understand that we cannot expect the Court to order child support payments that we have not asked for in our petition and proposed parenting plan. If we have requested $0, this is still considered a request of the Court for that amount.

c. **Final Financial Disclosure.** Petitioners have filed a **Proposed Property Distributions MP-521 and b**oth Petitioners have exchanged the summary of debts, assets, and liabilities within

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the **Disclosure of Income and Expenses MP 520.** Therefore, the requirements of § 40-4-252-254, MCA have been met.

d. We request that the Court *(Choose one)*

□ Issue an order setting a final hearing.

OR

□ Waive our final hearing

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.

Dated this _____day of _____, 20__.

Sign Here: _____ Sign Here: _____

Print Name: _____ Print Name: _____

Co-Petitioner 1 Co-Petitioner 2

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MONTANA ____ JUDICIAL DISTRICT COURT_____ COUNTY

In the Marriage of: _____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Case No:** _____ *(Fill in your Case Number)* **Court Order for Final Hearing on Joint Dissolution with Children**

(The rest of this form will be completed by the Court)

IT IS HEREBY ORDERED:

1. **Schedule.** The Court sets the final hearing in this matter as follows:

Date: _____

Time: _____

Location: _____

_____

☐ The parties are to appear at the hearing as scheduled above.

OR

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

☐ Proposed Child Support Order or Child Support Guidelines Calculation is not satisfactory for the Court's consideration.

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☐ The Court does not have sufficient reason to believe that **MP-520** Declaration of Assets and Financial Disclosures have been exchanged by the parties.

☐ The Hearing is waived.

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

_____

_____

_____.

2. Compliance. (*Choose One)*

☐ Parties must comply with this order as follows:

_____

_____

Once parties have complied, either party may file a new **MP-121.1** Request for a Hearing.

☐ The Court expects both parties to attend the hearing.

☐ The Court expects only ☐ Co-Petitioner 1 or ☐ Co-Petitioner 2 to attend the hearing and a **MP-130** Consent to Entry of Decree has been filed by the other party.

DATED this _____ day of _____, 20_____.

_____
DISTRICT COURT JUDGE

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail
☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA ____ JUDICIAL DISTRICT COURT_____ COUNTY

In the Parenting or Marriage of: _____ (children's initials *if parenting plan)* _____, Co-Petitioner 1 and _____, Co-Petitioner 2	**Case No:** _____ *(Fill in your Case Number)* **Consent to Entry of Decree**

The ☐Co-Petitioner 1 **OR** ☐Co-Petitioner 2 hereby consents to the entry of a Final Decree in the above-entitled case and waives their right to appear and testify at the final hearing on this matter. All outstanding issues between the parties have been resolved.

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____.

_____
☐Co-Petitioner 1 **OR** ☐Co-Petitioner 2

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_____
Name

_____
Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail Address

MONTANA ____ JUDICIAL DISTRICT COURT _____ COUNTY

In the Parenting/Marriage of: _____, ☐ Petitioner / ☐ Co-Petitioner 1 and _____, ☐ Respondent / ☐ Co-Petitioner 2	**Case No:** _____ *(Fill in with your Case Number)* **Sensitive Data Form**

COMES NOW _____ [full name] to disclose the confidential information protected under Mont. R. Civ. P. 5.2 of the Montana Code of Civil Procedure. Pursuant to Montana Rule of Civil Procedure 5.2(f), this document shall be filed under seal.

1. The full legal names and dates of birth of the Petitioner/Co-Petitioner 1 and Respondent/Co-Petitioner 2 are:

	Full Legal Name	Date of Birth
Petitioner / Co-Petitioner 1		
Respondent / Co-Petitioner 2		

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2. The full legal names and dates of birth of the child(ren) are:

Initials of Child Used in Court Documents	Full Legal Name	Date of Birth

Dated this ____ day of _____, 20____.

Signature: _____ Signature: _____

☐ Petitioner / ☐ Co-Petitioner 1 ☐ Respondent / ☐ Co-Petitioner 2

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail

☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA _____ JUDICIAL DISTRICT COURT_____ COUNTY

In the Parenting or Marriage of:_____ (minor children's initials) _____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Case No:** _____ **Joint Proposed Parenting Plan**

1. Identification of the Parties

A. Co-Petitioner 1

Name: _____

Address: _____

B. Co-Petitioner 2

Name: _____

Address: _____

2. Identification of the Child(ren). This parenting plan applies to the following minor child(ren) of the parties:

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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) will help you fill out a parenting plan. You can write your own plan in paragraph 4(j).

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

   ☐ All child(ren) are school age.
   OR
   ☐ There are pre-school age child(ren), but the school schedule in paragraph 4(b) below 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 Co-Petitioner 1, except for the following days and times when the other parent will have parenting time with the child(ren):
   _____
   _____
   _____
   _____
   _____
   OR

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

_____
_____
_____
_____
_____

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:

_____
_____
_____
_____
_____

b. School Schedule. Applies to child(ren) old enough to be in school. When they start school, the child(ren) will live mostly with *(Choose one)*

☐ The child(ren) will live mostly with Co-Petitioner 1, except for the following days and times when the other parent will have parenting time with the child(ren):

_____
_____
_____
_____
_____

OR

☐ The child(ren) will live mostly with Co-Petitioner 2, except for the following days and times when the other parent will have parenting time with the child(ren):

_____
_____
_____
_____
_____

OR

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

_____
_____
_____
_____
_____

c. Holiday and Special Occasion Schedule *(Choose One)*

☐ 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

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parents.

OR

☐ The schedule for holidays and special occasions is:

_____

_____

_____

_____

OR

☐ The schedule listed in the chart below: (In blank space next to the holiday specify: Every, Odd or Even Numbered Years):

HOLIDAY	Co-Petitioner 1 _____ (NAME)	Co-Petitioner 2 _____ (NAME)
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 Year's) (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(s)		
Co-Petitioner 1's Birthday		
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 holiday 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 Co-Petitioner 1 during summer vacations, except for these days and times when the child(ren) will spend time with the other parent:

_____
_____
_____

OR

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

_____
_____
_____

OR

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

_____
_____
_____

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 Co-Petitioner 1 during Spring Break, except for these days and times when the child(ren) will spend time with the other parent:

_____
_____
_____

OR

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

_____
_____
_____

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:

_____
_____
_____

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:

_____
_____
_____

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

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

OR

☐ The residential schedule above is restricted as follows. (*Choose One*) ☐ Co-Petitioner 1, ☐ Co-Petitioner 2, or ☐ both parents 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):

_____
_____
_____

It is in the best interest(s) of the minor child(ren) that the parent(s) mentioned above be subject to the following conditions:

_____
_____
_____

How Often/ For How Long:

_____

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_____
_____

Where:

_____
_____
_____

Supervised by Whom (optional):

_____
_____
_____

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

If the parent(s) mentioned above have completed the following and has followed through with any and all recommendations by the evaluator, treatment counselor, and/or other professional recommendations, the other parent 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: _____.

OR

☐ Other:

_____
_____
_____

j. The options provided in 4(a)-(i) above are not in the best interest of my child(ren). The residential schedule proposed is as follows:

_____
_____
_____
_____
_____
_____
_____

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5. **Benefit Programs.** 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. For the purposes of state and federal benefit programs that require a designation of custodian *(Choose One):*

☐ Co-Petitioner 1 is designated custodian.

OR

☐ Co-Petitioner 2 is designated custodian.

OR

☐ Other *(specify)*:

_____

6. Taxes. 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.

Co-Petitioner 1 will claim all our children as dependents on their income taxes as follows *(Choose One):*

☐ every tax year

☐ in odd-numbered tax years

☐ in even numbered tax years

☐ Other *(specify)*: _____

Co-Petitioner 2 will claim all our children as dependents on their income taxes as follows *(Choose One):*

☐ every tax year

☐ in odd-numbered tax years

☐ in even numbered tax years

☐ Other *(specify)*: _____

7. Transportation.

a. The children will be transported from one parent to the other parent by *(Choose One)*

☐ The parent whose parenting time is ending

OR

☐ The parent whose parenting time is beginning

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

_____

_____

_____

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

_____

_____

_____

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

8. Passports. For our children who do not have a passport, either parent may be able to apply for a passport for any of our children. The other parent shall cooperate by consenting to the issuance of this passport. For our children that have a passport, it belongs to them. The custodian of passports will be ☐ Co-Petitioner 1 OR ☐ Co-Petitioner 2.

Other Provisions *(specify)*:

_____

_____.

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

☐ 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)*

_____

_____.

10. 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:

_____

_____

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11. Co-Parenting *(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 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.

12. Decision Making *(Choose and complete one option – either A, B, C, or D):*

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A. ☐ Both parents have the right to make emergency decisions affecting the health or safety of our children. We have the right to make decisions about the day-to-day care and control of our children while they are with us.

i. We will make major decisions about our children's education together. If we cannot agree, the decision will be made by:
_____.

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

iii. We will make major decisions about our children's spiritual development together. If we cannot agree, the decision will be made by:
_____.

iv. We will make major decisions about our children's extra-curricular activities together. If we cannot agree, the decision will be made by:
_____.

B. ☐ Co-Petitioner 1 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:
_____
_____
_____.

C. ☐ 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:
_____
_____
_____.

D. ☐ Other *(specify)*:
_____
_____
_____.

13. Consent. 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

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☐ Other: _____
☐ Other: _____
☐ Other: _____

14. 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).

15. 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).

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

_____
_____

16. 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.

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C. 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."

D. 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.

E. 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.

F. 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.

17. 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):

_____

_____

OR

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

18. Dispute Resolution

When we disagree about this parenting plan, we will act in the best interest of our children. We will try to resolve our issues through informal discussion when appropriate. If we are unable to reach agreement, we will take our issues to a professional mediator. If one parent wants to change the parenting plan, they can send the other parent a Request to Amend the Parenting Plan through Mediation (MP 905). This Plan requires us to seek resolution through mediation if possible.

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Once mediation has been tried, either party may file a Motion to Amend the Parenting Plan. Instructions can be found in the Motion to Amend a Parenting Plan Packet (MP 900 Form Series).

☐ Mediation is not appropriate for our case due to domestic violence. *See* MCA 40-4-301.

19. Child Support Amount and Justification. A child support order is required as part of this proceeding. There are three ways you can propose a child support amount: (1) Ask CSSD to open a case and complete a calculation. (2) Calculate child support yourself or (3) Propose your own child support amount with justification.

☐ Co-Petitioner 1 **OR** ☐ 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 Services Division Order signed by the Administrative Law Judge. *(Attach a copy of the CSSD Order)*

OR

☐ This amount is consistent with the child support calculation prepared by a parent, the Court, or another entity. (*Attach a copy of the calculation)*

OR

☐ No amount has been prepared, however, this amount is in the best interest of our child because:

_____

_____.

OR

☐ No support is requested. *(If this option is selected, both parties must submit a completed financial affidavit.)*

WARNING: If you request an amount of $0 or no child support for any reason, you are choosing to not receive support now. If your financial situation changes in the future, you can request child support later. This is your official request from the Court. The Court is more likely to accommodate what you are asking for than make its own determination. Your Court may still require you to open a case with Child Support Services Division.

20. Child Support Payments. Child Support Payments will be made on or before the _____ day of every month, ☐ Co-Petitioner 1 or ☐ Co-Petitioner 2 must make payments to:

(Choose One)

☐ The other parent

☐ Clerk of District Court

☐ Child Support Services Division. Payments must be made to CSSD if a party is receiving Title IV-A Benefits (TANF, Family Medicaid), or Title IV-D

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benefit (if there is an active case with CSSD). You can find this law at § 40-5-909, M.C.A.

OR

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

21. Child Support Termination. *(Choose One)*

☐ Child support payments must continue until each child turns 18 or graduates from high school, whichever occurs later but no later than when the child turns 19.

OR

☐ Child support will be paid until: _____ (month and year) because of a child's disability or medical condition that requires that support lasts beyond the child's 18th birthday

22. Medical Coverage. *(Choose A or B and complete C)*

A. Currently Covered. *(Choose all that apply)*

i. ☐ The child(ren) are presently covered under the following insurance plan:
Carrier Name:
Policy No.:

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

iii. ☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 must continue to provide medical coverage through this plan if it is available at a reasonable cost, and if no other plan or individual insurance is available that will better serve the interests of the parties.

B. Not Covered. The child(ren) are not covered under an existing insurance plan. *(Choose One)*

☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 is required to obtain individual health coverage for the child(ren).

OR

☐ Cost for obtaining individual health coverage for the child(ren) is unreasonable or not cost effective because:

_____

_____.

OR

☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 is responsible for obtaining health coverage for the child(ren) when it becomes available to the parent at a reasonable cost.

C. Shared Cost for Medical Insurance. *(Choose all that apply)*

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i. ☐ Cost for medical coverage including premiums, deductibles, uncovered medical, dental, and vision expenses, and copayments will be divided ____% Co-Petitioner 1 and ____% to Co-Petitioner 2.

ii. ☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 must reimburse the other parent for ____% of the insurance premiums for the child(ren) which at the present time is $_____ per month.

iii. Other:_____
_____
_____
_____
_____.

23. 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 circumstances change such that health coverage is no longer available, the cost is no longer reasonable, or new and better medical coverage opportunities become available, the party may file a motion to request an amendment to the medical 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.
g. 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.

24. Other Provisions:

_____
_____
_____.

25. Enforcement. Both parents are required to follow this 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

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imprisonment in the county jail. When either parent is not following the parenting plan, a motion for contempt can be filed with the Court.

26. **Request for Parenting Plan to be Ordered by the Court.** Co-Petitioners request the Court adopt this Parenting Plan as the final and enforceable Parenting Plan.

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 agree with the Court approving this proposed Parenting Plan.

DATED this _____ day of _____, 20___.

_____
Co-Petitioner 1

DATED this _____ day of _____, 20___.

_____
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

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
Email

MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

In the Marriage of:	**Case No:** _____ *(Fill this in with your Case Number))*
_____ Co-Petitioner 1	**Notice and Acknowledgment the Child Support Services Division for Parenting**
and	
_____ Co-Petitioner 2	

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

A petition to establish a parenting plan, including child support was filed in district court. A copy of the Petition and Proposed Parenting Plan (MP-320) is attached to this notice.

Dated this _____ day of _____, 20___.

Sign Here: _____ Sign Here: _____

Print Name: _____ Print Name: _____
Co-Petitioner 1 Co-Petitioner 2

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CERTIFICATE OF MAILING

On _____ day of _____, 20___, I sent by mail, postage prepaid, the following documents:

- ☐ Notice and Acknowledgment to Deputy Attorney General with the Department of Health and Human Services, Child Support Services Division
- ☐ Joint Petition for Dissolution of Marriage with Children (MP 121)
- ☐ Joint Petitioner's Proposed Parenting Plan (MP 320)
- ☐ _____
- ☐ _____

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

_____
(Street)

_____
(City) (State) (Zip)

_____
Date *(the date you signed this)*

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

_____
Print Name

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MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

In the Marriage of: _____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Case No:** _____ **Acknowledgment of Notice in Family Law Case**

(The rest of this form will be filled out by the Department of Human Resources)

ACKNOWLEDGMENT OF NOTICE IN FAMILY LAW CASE

I acknowledge I received a copy of the Co-Petitioner's Notice to Child Support Services Division and a copy of the Petition and Proposed Parenting Plan.

Dated this _____ day of _____, 20___.

_____
Signature

_____
Print Name and Title

DECLINATION BY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

The Department of Public Health and Human Services declines to enter this case as a party.

Dated this _____ day of _____, 20_____.

_____
Signature

_____
Print Name and Title

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CERTIFICATE OF SERVICE

BY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, CHILD SUPPORT SERVICES DIVISION

On _____ day of _____, 20___, I sent by mail, postage prepaid, the Acknowledgment by Child Support Services Division.

To: Clerk of Court _____

_____
(Street)

_____
(City) (State) (Zip)

_____
Date of Signature

_____
Signature

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail
☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA _____JUDICIAL DISTRICT COURT, _____ COUNTY

In the Marriage of:	**Case No:** _____
_____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Disclosure of Income and Expenses** **Completed by:** ☐ **Co-Petitioner 1** ☐ **Co-Petitioner 2**

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

This Disclosure of Income and Expenses must be exchanged between spouses.

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

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

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1. Disclosure of Income

Source of Income		Amount per Month
Gross Wages, Salary, Commissions	Co-Petitioner 1:	
	Co-Petitioner 2:	
Income from Rents, Interest, Dividends	Co-Petitioner 1:	
	Co-Petitioner 2:	
Self Employment Earnings	Co-Petitioner 1:	
	Co-Petitioner 2:	
Unemployment or Worker's Compensation	Co-Petitioner 1:	
	Co-Petitioner 2:	
Social Security Benefits, including SSI, SSDI	Co-Petitioner 1:	
	Co-Petitioner 2:	
Public Assistance (including TANF and LIHEAP)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Food Stamps	Co-Petitioner 1:	
	Co-Petitioner 2:	
Pension, Retirement	Co-Petitioner 1:	
	Co-Petitioner 2:	
Child Support	Co-Petitioner 1:	
	Co-Petitioner 2:	
Dependent's Benefits	Co-Petitioner 1:	
	Co-Petitioner 2:	
Other Income (*describe*):	Co-Petitioner 1:	
	Co-Petitioner 2:	

Monthly Total	Co-Petitioner 1:	
	Co-Petitioner 2:	

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(*If you have additional income, attach that information to this document.)*

2. Disclosure of Expenses

Description of Expense		Amount per Month
Taxes and withholdings	Co-Petitioner 1:	
	Co-Petitioner 2:	
Retirement Contribution	Co-Petitioner 1:	
	Co-Petitioner 2:	
Health Insurance (self and children)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Medical Expenses	Co-Petitioner 1:	
	Co-Petitioner 2:	
Rent or Housing *(including property taxes and insurance relating to housing)*	Co-Petitioner 1:	
	Co-Petitioner 2:	
Transportation	Co-Petitioner 1:	
	Co-Petitioner 2:	
Car Insurance	Co-Petitioner 1:	
	Co-Petitioner 2:	
Student Loans	Co-Petitioner 1:	
	Co-Petitioner 2:	
Utilities	Co-Petitioner 1:	
	Co-Petitioner 2:	
Telephone (cell phone and land line)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Clothing	Co-Petitioner 1:	
	Co-Petitioner 2:	

Food and Household Supplies	Co-Petitioner 1:	
	Co-Petitioner 2:	

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Child Care	Co-Petitioner 1:	
	Co-Petitioner 2:	
Union Dues	Co-Petitioner 1:	
	Co-Petitioner 2:	
Child Support Payments	Co-Petitioner 1:	
	Co-Petitioner 2:	
Other: (describe)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Monthly Total	Co-Petitioner 1:	
	Co-Petitioner 2:	

(*If you have additional expenses, attach a description to this document.)*

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

Dated this _____day of _____, 20__.

City _____ State _____

Sign Here: _____

Print Name: _____

☐Co-Petitioner 1 ☐Co-Petitioner 2

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail
☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA _____JUDICIAL DISTRICT COURT, _____ COUNTY

In the Marriage of:	**Case No:** _____
_____ Co-Petitioner 1 and _____ Co-Petitioner 2	**Disclosure of Income and Expenses** **Completed by:** ☐ **Co-Petitioner 1** ☐ **Co-Petitioner 2**

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

This Disclosure of Income and Expenses must be exchanged between spouses.

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

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

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1. Disclosure of Income

Source of Income		Amount per Month
Gross Wages, Salary, Commissions	Co-Petitioner 1:	
	Co-Petitioner 2:	
Income from Rents, Interest, Dividends	Co-Petitioner 1:	
	Co-Petitioner 2:	
Self Employment Earnings	Co-Petitioner 1:	
	Co-Petitioner 2:	
Unemployment or Worker's Compensation	Co-Petitioner 1:	
	Co-Petitioner 2:	
Social Security Benefits, including SSI, SSDI	Co-Petitioner 1:	
	Co-Petitioner 2:	
Public Assistance (including TANF and LIHEAP)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Food Stamps	Co-Petitioner 1:	
	Co-Petitioner 2:	
Pension, Retirement	Co-Petitioner 1:	
	Co-Petitioner 2:	
Child Support	Co-Petitioner 1:	
	Co-Petitioner 2:	
Dependent's Benefits	Co-Petitioner 1:	
	Co-Petitioner 2:	
Other Income (*describe*):	Co-Petitioner 1:	
	Co-Petitioner 2:	

Monthly Total	Co-Petitioner 1:	
	Co-Petitioner 2:	

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(*If you have additional income, attach that information to this document.)*

2. Disclosure of Expenses

Description of Expense		Amount per Month
Taxes and withholdings	Co-Petitioner 1:	
	Co-Petitioner 2:	
Retirement Contribution	Co-Petitioner 1:	
	Co-Petitioner 2:	
Health Insurance (self and children)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Medical Expenses	Co-Petitioner 1:	
	Co-Petitioner 2:	
Rent or Housing *(including property taxes and insurance relating to housing)*	Co-Petitioner 1:	
	Co-Petitioner 2:	
Transportation	Co-Petitioner 1:	
	Co-Petitioner 2:	
Car Insurance	Co-Petitioner 1:	
	Co-Petitioner 2:	
Student Loans	Co-Petitioner 1:	
	Co-Petitioner 2:	
Utilities	Co-Petitioner 1:	
	Co-Petitioner 2:	
Telephone (cell phone and land line)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Clothing	Co-Petitioner 1:	
	Co-Petitioner 2:	

Food and Household Supplies	Co-Petitioner 1:	
	Co-Petitioner 2:	

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Child Care	Co-Petitioner 1:	
	Co-Petitioner 2:	
Union Dues	Co-Petitioner 1:	
	Co-Petitioner 2:	
Child Support Payments	Co-Petitioner 1:	
	Co-Petitioner 2:	
Other: (describe)	Co-Petitioner 1:	
	Co-Petitioner 2:	
Monthly Total	Co-Petitioner 1:	
	Co-Petitioner 2:	

(*If you have additional expenses, attach a description to this document.)*

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

Dated this _____day of _____, 20__.

City _____ State _____

Sign Here: _____

Print Name: _____

☐Co-Petitioner 1 ☐Co-Petitioner 2

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_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail
☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2

MONTANA _____ JUDICIAL DISTRICT COURT _____COUNTY

In the Marriage of:	
_____ Co-Petitioner 1	**Case No:** _____
and	**Joint Proposed Property Distribution**
_____ Co-Petitioner 2	

WARNING: Montana law, §40-4-252, M.C.A. requires full disclosure of all assets, debts, income and expenses from BOTH PARTIES. There are no shortcuts in completing these forms. Both parties in a Dissolution of Marriage are required to provide all information known – inserting "unknown" in any MP-521 columns where information is not available.

FAILURE of any party to provide the information requested may result in a penalty decided upon and imposed by the Court.

1. **Real Property.** Real property is land and the building(s) on the land. Real property also includes part ownership, for example when all the members of a family share a

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ranch. Real property *does not* include trailer, mobile, or manufactured homes unless the Department of Justice has officially recognized said structure as an improvement to the land pursuant to Montana law §15-1-116 and issued appropriate documentation of such as required by law. Any owned parcel upon which a trailer, mobile, or manufactured home sits is real property regardless of the status of said structure.

(Choose one)

☐ Petitioners do not own any real property individually or together.

OR

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

I request distribution as follows:

Description	Value	Name on Deed	Distributed to
Address: _____ _____ Legal Description:_____ _____ _____ _____ Is there a secured debt on the property? ☐ Yes ☐ No **If yes**, list all debt information in Section 8			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Other: _____

(*Choose one*)

☐ **The home will be kept by one of the parties.** ☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 shall receive the home as his/her separate property and shall be responsible for all costs associated with the home so long as the home is refinanced no later than _____*(date)*. If the home is not refinanced by that date, for any reason, the parties agree that the home will be sold and the net proceeds divided ___% to Co-Petitioner 1 and ___% to Co-Petitioner 2. The home will be listed for sale no more

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than 30 days after the refinance date. In the event the home is listed for sale and until the home is sold, the parties shall be responsible to pay all costs of the home including, but not limited to, the mortgage payment, taxes, insurance, maintenance and upkeep with ☐ Co-Petitioner 1 responsible to pay _____% and ☐ Co-Petitioner 2 is responsible to pay _____%. ☐ Co-Petitioner 1 **OR** ☐ Co-Petitioner 2 shall be entitled to live in the home pending the sale of the home.

OR

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

OR

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

OR

☐ Other: _____

_____

_____

_____

_____

_____

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

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(Choose one)

☐ Neither my spouse nor I own any vehicles

OR

☐ We own the following vehicles. The distribution of any debt(s) associated with the vehicle(s) described below is listed in Section 8 dealing with debt distribution.

We request distribution as follows:

Description	Value	Name on Title	Distributed to
Year/Make/Model: _____ VIN#:_____ Is there an outstanding loan on the vehicle? ☐ Yes ☐ No **If yes**, list debt information in Section 8.			%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
Year/Make/Model: _____ VIN#:_____ Is there an outstanding loan on the vehicle? ☐ Yes ☐ No **If yes**, list debt information in Section 8.			%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
Year/Make/Model: _____ VIN#:_____ Is there an outstanding loan on the vehicle? ☐ Yes ☐ No **If yes**, list debt information in Section 8.			%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
Year/Make/Model: _____ VIN#:_____ Is there an outstanding loan on the vehicle? ☐ Yes ☐ No **If yes**, list debt information in Section 8.			%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____

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3. Bank Accounts, Certificates of Deposit, and Cash. (*Choose one)*

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

OR

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

Description *Include name of bank and only the last four digits of the account number*	Balance as of __/___/___	Percentage of Ownership	Distributed to:
		%___Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____	%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other: _____
		%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____	%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other: _____
		%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____	%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other: _____
		%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____	%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other: _____
		%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____	%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other: _____

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Description *Include name of bank and only the last four digits of the account number*	Balance as of __/___/___	Percentage of Ownership	Distributed to:
		%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____	%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other: _____

4. **Pensions/Retirement Accounts, Life Insurance, Stocks, Bonds, Secured Notes, Health Savings Accounts, and Mutual Funds.** *(Choose one)*

☐ We do not have any pensions/retirement accounts, life insurance, stocks, bonds, secured notes, health savings accounts, or mutual funds.

OR

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

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

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

WARNING: The following personal property section must be completed. YOUR FAILURE TO LIST PERSONAL PROPERTY MAY RESULT IN YOUR FORM BEING REJECTED BY THE COURT AND DELAY YOUR DISSOLUTION PROCEEDINGS.

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

   We request the following distribution of our personal property:

Description	Value	Current Possession	Distributed to
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Other: _____
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Other: _____

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			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Other: _____
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Other: _____
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Other: _____
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Other: _____
			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Other: _____

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			☐ Co-Petitioner 1 ☐ Co-Petitioner 2 ☐ Other: _____

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

☐ We do not have any business interests.

OR

☐ We have the following business interests and request distribution as follows:

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

7. **Other Assets.** (*Choose one)*

☐ We do not have any other assets.

OR

☐ We have the following assets and request distribution as follows:

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

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

8. Disclosure of Debts. *(Choose one)*

☐ We do not have any debts.

OR

☐ We have the following debts and request distribution as follows:

Description	Creditor	Amount	Balance As Of: __/__/__	Name or Names on Debt Now	Distribute To

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Home/Real Property Loan(s) (including mortgage(s), home equity line of credit(s), and any other secured debts against the real property listed in Section 1, and any attachments):					
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
Vehicle Loan(s) (Including any debt(s) on the vehicle(s) listed in Section 2, and any attachments):					
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
Credit Card(s):					
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____

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					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
Description	Creditor	Amount	Balance As Of: __/__/__	Name or Names on Debt Now	Distribute To
Past Due Utility Bill(s):					
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
Student Loan(s):					
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
Past Due Medical Bills:					
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2

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					Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
Other Liabilities:					
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____
					%___ Co-Petitioner 1 %___ Co-Petitioner 2 Other:_____

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

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

OR

☐ We have additional assets or debts that do not fit on this form. The additional assets or debts are listed on additional pages attached to this form.

10. **Other:** _____

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_____

_____

_____

_____

_____

_____

_____

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 agree with the Court approving this proposed Property Distribution.

Dated this _____day of _____, 20__.

Sign Here: _____ Sign Here: _____
Co-Petitioner 1 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 Proposed Property Distribution set forth above is fair, equitable, and approved as an Order of this Court.

Dated this _____ day of _____, 20___.

_____

☐ DISTRICT COURT JUDGE / ☐ STANDING MASTER

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MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

In the Marriage of:	**Case No: _____**
_____ Co-Petitioner 1	**Findings of Fact, Conclusions of Law, and Decree of Joint Dissolution With Children**
and	
_____ Co-Petitioner 2	

The Court enters the following:

FINDINGS OF FACT AND CONCLUSIONS OF LAW

A. Procedural History.

On the _____ day of _____ 20____, the Petition for Dissolution was filed by Co-Petitioners without a lawyer.

B. The Court (Choose One)

☐ Held a Final Hearing on Dissolution, and both parties were present.
OR

☐ Held a Final Hearing on Dissolution and only one party was present. The non-appearing party filed a MP-130 Consent to Entry of Decree.

OR

☐ Waived the Final Hearing.

C. Marriage

Parties have established to the satisfaction of the Court that they were married according to Montana Law.

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

OR

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

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OR

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

D. Jurisdiction, and Venue. 90 days before this case was filed, either Co-Petitioner was domiciled or was stationed in Montana. Venue is proper in this County.

E. Irretrievable Breakdown. The parties have established that the marriage is irretrievably broken. The Court dissolves the marriage between the parties.

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

G. Property Distribution. The Court finds that the **Jointly Proposed Property Distribution MP-521** is an equitable division of the marital property, assets, and liabilities and is not unconscionable. The Judge will sign the approved **MP-521** at the conclusion of the case.

H. Parenting. There is a/are child(ren) of the marriage who is/are minor(s). Montana is the home state of the child(ren) of the marriage. Jurisdiction for parenting is proper in Montana. Co-petitioners filed a **Joint Proposed Parenting Plan MP-320** and submitted it to the Court for final approval.

I. Best Interest Standard, The Court finds the **Jointly Proposed Parenting Plan MP-320** is in the best interest of the children of the marriage. The Judge will sign **MP-320** at the conclusion of the case. The signed **MP-320** outlines child support, medical coverage, and parenting schedule that is enforceable by the Court.

J. Pregnancy

Petitioner/Co-Petitioner 1 ☐ is ☐ is not pregnant.

The pregnancy ☐ is ☐ is not a child of the marriage.

Respondent/Co-Petitioner 2 ☐ is ☐ is not pregnant.

The pregnancy ☐ is ☐ is not a child of the marriage.

K.

Spousal Maintenance. *(Choose One)*

☐ No spousal maintenance is awarded in this case.

OR

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☐ The Court orders the spousal maintenance agreement proposed (include amount, duration, and payment schedule) as follows:

_____

_____

_____

L. Previous Names.

☐ Neither party requests restoration of a previous name.

OR

☐ The Court Orders the follow name restoration:

Co-Petitioner 1 Name is restored to:_____
(First, Middle, and Last)

Co-Petitioner 2 Name is restored to:_____
(First, Middle, and Last)

DECREE OF DISSOLUTION OF MARRIAGE

A. The Court has jurisdiction over the parties and this cause of action.

B. The Court dissolves the marriage between the parties.

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

D. The Court has signed and adopts and incorporates by reference the approved Property Distribution. The Court orders the parties to follow the Property Distribution.

E. The Court has signed and adopts and incorporates by reference the approved Parenting Plan. The Court Approved Parenting Plan is in the best interest of the child(ren). The Court orders the parties to follow the terms of the Parenting Plan, including child support payments, medical support, and parenting schedule.

F. Name changes shall be made per the Court's determination stated above.

G. Spousal maintenance shall be provided per the determination stated above.

H. Other Provisions:

_____

_____

_____

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_____
_____
_____

Each party is ordered to take any action necessary to carry out the terms and conditions of this Decree, Property Distribution, and Parenting Plan including the signing and transfer of titles, deeds, or other documents within a reasonable amount of time from the date of this Decree or as more specifically provided in the Property Distribution and Parenting Plan.

DATED this ____ day of _____ 20____.

_____
☐ DISTRICT COURT JUDGE / ☐ STANDING MASTER

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MONTANA CHILD SUPPORT GUIDELINES
FINANCIAL AFFIDAVIT

INSTRUCTIONS FOR COMPLETING THIS FORM: Provide complete information, attaching additional pages if needed. If a question or statement does not apply to you, DO NOT LEAVE IT BLANK; instead, mark it as "Not Applicable" or "N/A." Be sure to **sign this form**.

A. PERSONAL INFORMATION

Full Name: _____ Work Phone No.: _____

Home Address: _____ Home/Cell No.: _____

_____ Date of Birth: _____

Mailing Address: _____ Case Number: _____

_____ Driver's License No.: _____

What is your tax filing status? ☐ Single ☐ Married, joint ☐ Married, separate ☐ Head of Household

List the people you claim as tax exemptions _____

_____

If you are married and file taxes jointly, please provide your current spouse's annual income so that tax credits may be calculated accurately. $_____

Did you finish high school? ☐ Yes ☐ No If no, indicate highest grade completed: _____

List all schools attended following high school. Include training school, college or university, trade school.

School Name	Course of Study	Completion Date	Degree/Diploma

B. CHILDREN

1. List **all** of your natural and adopted children (do not include stepchildren)

Child's Full Name	Date of Birth Month/Day/Year	Who does child live with?	Are you ordered to pay support for this child?
			☐ No ☐ Yes $ amount/month
			☐ No ☐ Yes $ amount/month
			☐ No ☐ Yes $ amount/month
			☐ No ☐ Yes $ amount/month
			☐ No ☐ Yes $ amount/month
			☐ No ☐ Yes $ amount/month

ATTACH A COPY OF ANY ORDER REQUIRING CHILD SUPPORT TO BE PAID FOR THESE CHILDREN.

2. Complete the table below for all expenses you pay and benefits you receive on behalf of all children shown in the previous table. Attach proof for the items listed below. Do **NOT** list amounts paid by other parent.

Child's First Name	Annual Day Care Costs	Annual Unreimbursed Medical Expenses	Annual Dependent's Benefits Received*	How many days does child spend with you per year?**	Annual Miles Driven for Long Distance Parenting	Other Transportation Costs for Long Distance Parenting***

*** For example - Social Security Benefits**
**** The majority of a 24 hour period the children are in your control**
***** Do not include lodging, food and entertainment**

3. Do you receive reimbursement for day care expenses? ☐ No ☐ Yes $_____/month reimbursement

4. If any of the children listed above have ongoing medical expenses, please describe. _____

_____

_____

_____

5. Do you have health insurance available to you through employment or other group? ☐ No ☐ Yes
If no, skip to Section C. If yes, to have the cost included in your child support calculation, you must do one of the following before the final order is entered:
   A. Prove that you currently have insurance coverage in effect for the children; or
   B. Obtain verification from the insurance carrier that you have paid a premium with the intent to enroll the children.

   Name everyone who is covered by this policy: _____

   _____

Regardless of whether your children are covered, complete the following:

Insurance Co. Name: _____

Address: _____

_____

_____

Policy Number: _____

Certificate Number: _____

$_____ Total cost of health insurance premium per month, including your children (whether or not you and the children are currently enrolled).

$_____ Adult's portion of premium.

$_____ Child(ren)'s portion of premium.

$_____ Portion of premium to be paid by you each month.

$_____ Portion of premium to be paid by employer or other group each month.

C. EMPLOYMENT

1. List your current or most recent employer(s) first and your past two employers:

Employer's Name, Address, and Telephone Number	Dates of Employment	Average Hours Worked and Current or Ending Pay	P-Permanent T-Temporary S-Seasonal
_____	From _____	_____ hours/week	
_____	To _____	_____ pay/hour	
_____	From _____	_____ hours/week	
_____	To _____	_____ pay/hour	
_____	From _____	_____ hours/week	
_____	To _____	_____ pay/hour	

2. What kinds of work do you/did you do for your employer(s)? _____

3. Do you belong to a union? ☐ No ☐ Yes If yes, name of union local, address, and amount of monthly dues:

4. Are you currently a student? ☐ No ☐ Yes If yes, provide a copy of your most recent registration statement showing tuition, fees, etc., and a copy of your most recent financial aid award letter. Please provide your expected date of graduation: _____

5. Is there any reason, such as disability, that prevents you from being able to work full-time or from being able to earn income at the same level you have in the past? ☐ No ☐ Yes If yes, please explain and provide a statement from your doctor or the Social Security Administration _____

6. Do you receive workers' compensation or occupational disease benefits? ☐ No ☐ Yes
If no, are you currently seeking workers' compensation benefits or occupational disease benefits? ☐ No ☐ Yes
If yes, who pays those benefits and what is your claim number: _____

7. Are you currently receiving unemployment benefits? ☐ No ☐ Yes
If yes, name of state or agency paying those benefits: _____

8. If unemployed or employed part-time, have you made any efforts to find full-time employment? ☐ No ☐ Yes
If no, why not? _____

If yes, describe your job search: _____

D. INCOME

1. List all income which you receive or have received in the last 12 months.

Income Source	Annual Amount	Income Source	Annual Amount
Gross Wages		Public Assistance	
Unemployment		Veterans' Disability	
Workers' Compensation		Spousal Support	
Social Security Benefits		Contract Receipts	
Retirement		Rental Income	
Interest/Dividend Income		Fringe Benefits/Bonuses	
Reimbursements		Profit (Loss) from Self-employment	
Educational Grants		Other	

2. Do you receive any non-cash benefits from your employer, such as housing, groceries, meat, car or truck, utilities, phone service? ☐ No ☐ Yes
   If yes, describe the non-cash benefit you receive, how often you receive it, and the value of the benefit: _____

   _____

   _____

3. If you are self-employed, describe your self-employment activities: _____

   _____

   How many hours per week do you spend engaged in self-employment activities? _____

   Is your self-employment the primary source of your income for meeting your living expenses? ☐ No ☐ Yes

4. Have you, in the past 12 months, received any prize, award, settlement or other one-time cash payment?
   ☐ No ☐ Yes If yes, describe the payment, including the amount and its present location and value.

   _____

5. **ATTACH COPIES OF YOUR PAY STUBS FOR THE LAST THREE (3) MONTHS. ALSO ATTACH COMPLETE COPIES OF YOUR FEDERAL INCOME TAX RETURNS**, including all schedules filed and W-2 forms, for the last three (3) years. If you do not have pay stubs or W-2 forms, provide employer's statement. If you are self-employed, you must provide copies of your individual returns as well as the business (partnership or corporation) returns for the last three (3) years. You may wish to black out or obscure confidential information such as social security numbers or financial account numbers.

E. DEDUCTIONS AND EXPENSES

1. List deductions from gross wages, including costs for required uniforms or work related equipment. **Attach pay stubs and proof of expenses.**

DEDUCTION	AMOUNT	HOW OFTEN PAID?
Federal Income Tax		
State Income Tax		
FICA and Medicare		
Mandatory Retirement		
Required Work Related Costs		

2. Has a court ordered you to pay alimony? ☐ No ☐ Yes If yes, attach copy of order and proof of payments.

3. Do you have any extraordinary medical expenses for yourself, not reimbursed by insurance, your employer, or another, which are necessary for you to maintain your health or your earning capacity? ☐ No ☐ Yes

   If yes, list yearly expenses and attach proof: _____

4. Please list any necessary expense you pay for in-home nursing care to enable you to work and for whom the expense is paid: _____

5. Is your contribution for retirement mandatory? ☐ No ☐ Yes

6. List employment related expenses not shown elsewhere: _____

7. Has a court ordered you to make payments for restitution, damages, etc.? ☐ No ☐ Yes If yes, provide a court order and proof of payments.

8. Please attach a list of monthly expenses if you feel it is important to show your financial situation.

F. ANTICIPATED CHANGES / ADDITIONAL COMMENTS

1. Please list any changes you expect in your or your child(ren)'s circumstances during the next 18 months which would affect the calculation of child support? _____

2. Additional Comments (a separate sheet may be attached): _____

I declare under penalty of perjury and under the laws of the State of Montana that the foregoing is true and correct.

Date	County and state where signed	Signature	Printed name

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/OrderSigned_____

☐ **Dissolution of Marriage**

County that Issued Marriage License:_____

City, County, State of Marriage:_____

Date of Marriage:_____

☐ **With Child Support Order**

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

☐ **Modification of Child Support Order**

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

☐ **Legal Separation with Child Support Order**

☐ **Dependent Neglect/Juvenile Delinquency**

☐ **Invalid Marriage-Specify Legal grounds for Action:**

_____

_____

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 (1st,2nd, 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 (1st,2nd, etc.):_____**Date, City & State of previous marriage(s):**_____

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

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*
☐ **Child Support:**	$				$	$	$	$
☐ **Medical Support**	$				$	$	$	$
☐ **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*
☐ **Child Support:**	$				$	$	$	$
☐ **Medical Support**	$				$	$	$	$
☐ **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*
☐ **Child Support:**	$				$	$	$	$
☐ **Medical Support**	$				$	$	$	$
☐ **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": $**_____ **"Credit for Payment of Expenses":$_____