How to file for a Parenting Plan

DISCLAIMER

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

What is the Process?

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

Need Privacy?
Unless you ask the Court to protect information, everything filed with the court may be viewed by the public. Separate forms may be filed to protect information in your case files from being available for public view. These forms are available in the Privacy Protection Packet, available at www.courts.mt.gocv "Forms," at www.MontanaLawHelp.org or by calling or visiting your local Self Help Law Center.

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

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

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

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

visiting www.montanabar.org or calling 1(406)449-6577.

STEP ONE: Fill out the forms you need. Read all of the forms listed in Step two to determine which forms will be most appropriate for your situation. Fill out these forms completely. Be sure to read "Introduction to Family Law in Montana" before you begin filling out the forms. It will highlight the major decisions you will have to make.

STEP TWO: File Documents.

Court documents for a parenting plan are filed at the Clerk of District Court office in the county where you or your children are living. After filling out the appropriate forms, make 3 sets of copies (4 sets of forms total) of the forms that start your case. Take all of the copies with you to the Clerk of District Court office.

The original set of forms will be kept by the Clerk of Court. One copy you will keep in a safe place, and the other copies you will serve on the other parent and the Department of Health and Human Services in Step three.

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

1. Petition for Parenting Plan **MP 114**
2. Summons – Parenting Plan **MP 414**
3. Proposed Parenting Plan **MP 300**
4. (If required) Holidays, Vacations, and Special Occasions **MP 300 B**
5. (If required) Limited Parenting Visitation **MP 300 C.**
6. (If required) Description of Existing Medical Coverage **MP 300 G**
7. (If required) Notice to a Person Not Named - **MP 407**
8. Vital Statistics form. You can find this form in the back of the packet or online at dphhs.mt.gov/CSED. File this form with the Clerk of Court when you file your other paperwork.

There is a charge for filing for a parenting plan in Montana. If you have financial hardship and cannot afford to pay the court, you may fill out a Form titled "Affidavit of Inability to Pay Filing Fee," available at www.courts.mt.gocv and at www.MontanaLawHelp.org or by calling or visiting your local Self Help Law Center.

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

STEP THREE: Serve the other parent and the Department of Health and Human Services (DPHHS).

A. Serving the Department of Health and Human Services.

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

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

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

2. Petition for Parenting Plan **MP 114**
3. Proposed Parenting Plan **MP 300**
4. (If required) Holidays, Vacations, and Special Occasions **MP 300 B**
5. (If required) Limited Parenting Visitation **MP 300 C.**
6. (If required) Description of Existing Medical Coverage **MP 300 G**

Follow these steps:

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

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

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

B. Serving the Other Parent.
You must serve the other parent the following documents by one of the four options described below:

1. Petition for Parenting Plan **MP 114**
2. Summons – Parenting Plan **MP 414**
3. Proposed Parenting Plan **MP 300**
4. (If required) Holidays, Vacations, and Special Occasions **MP 300 B**
5. (If required) Limited Parenting Visitation **MP 300 C.**
6. (If required) Description of Existing Medical Coverage **MP 300 G**

You may serve the other parent by one of four methods: (1) Service by Sheriff, (2) Service through Notice and Acknowledgement of the other parent, (3) a private process server, or (4) Service by Publication. The method of service most appropriate depends on the details of your case and your relationship.

OPTION #1: Service by the Sheriff.
Service by Sheriff may be most appropriate for you if:

- You are concerned about your safety,
- You are not communicating well with the other parent, or
- You would like your case to move forward quickly.

Service by Sheriff is accomplished by delivering or mailing to the Sheriff in the County where the other parent resides

1. Copies of all documents listed 1-6 above,

AND

2. Original and Copy of the Request for Sheriff to Serve Documents **MP-401** *The original was given back to you after approved by the Clerk of District Court in Step Two.

The Sherriff's Department usually charges a fee for service of process. If you have an Affidavit of Inability to Pay your Filing Fee approved by the Court, the Sheriff may waive the service fee.

OPTION #2: Service through Notice and Acknowledgement of the Other Parent.

Service through Notice and Acknowledgment of the other parent may be most appropriate for you if:

- You have regular communication with the other parent
- You believe your you and the other parent will cooperate
- You are willing to allow the other parent extra time to respond to your petition.

In order to serve the other parent by acknowledgment, you can hand deliver or send vial mail:

1. Copies of all documents listed 1-6 above,

AND

2. Notice and Acknowledgment of Service **MP 403.14 & 403.24**.

OPTION #3: Private Process Server. Service by a personal process server may be appropriate if:

- You are having trouble locating or serving the other parent by other means.
- You have the ability to hire a process server at less cost than a Sheriff (because you do not have an Affidavit of Inability to Pay or you are serving someone out of State).

The personal process server of your choice may have specific requirements. Personal process servers will also likely charge a fee. At a minimum, your personal process service must serve the other parent:

1. Copies of all documents listed 1-6 above,

AND

2. Praecipe. This form is available on the State Law Library website.

OPTION #4: Service by Publication. Service by publication is an option of last resort and should only be pursued if:

- All other methods to serve the other parent have failed
- You and everyone you know have no information about where the other parent is.

Service by Publication requires a long process of filing many documents with the court. Service by Publication may also involve an additional expense imposed by

the newspaper you are ordered to publish notice in:

1. Request for Order Granting Service of Summons by Publication **MP 402.1**
2. Order for Service of Summons by Publication **MP 402.2**
3. Summons for Publication **MP 402.3**

Only after the Court has approved your request and signed an Order allowing Service by Publication can you proceed with service by publication.

STEP FOUR: Wait and work towards a resolution.
After the other parent is served, they have 21 days to respond to the petition. During this time you may discover many important things about your case.

If the other parent disagrees with any part of your proposed property distribution or parenting plan they may file an Answer to your petition. Along with an Answer, the other parent may file their own proposed parenting plan. At that time, you can decide whether there is any room for agreement on some or all of your proposals.

> **MEDIATION:** If you do not agree but you think you could come to some agreement, you may choose go to mediation. Some courts require litigants to go to mediation before setting a hearing to finalize the case. Mediation is a process where a neutral facilitator (called a "mediator") helps both people come up with a shared solution. Mediation is confidential and agreements made in mediation will only be filed in Court when both you and the other parent agree. Mediation can be a cost effective way to find a compromise and speed up the dissolution process.

If, at any time, you change your mind, you may "amend" your proposal by filing a motion and a new version of your proposal. The other parent will have additional time to respond to new proposals. If you come to an agreement, you can file with the Court a Notice of Agreement **MP 612** and the proposed agreement in writing.

STEP FIVE: Request a final hearing.
Once the time for the other parent to respond has expired, you can request a hearing to finalize your parenting plan. You will complete and file these forms at the Clerk of District Court:

1. Request for a Hearing and Default by Clerk **MP 721**
   *If the other parent did not respond to your petition, you may request a default judgment on this form. Which means you are asking the Court to consider only what you have filed in making a decision.
2. Order Granting Hearing for Parenting Plan **MP 722**
   a. **Provide a self-addressed stamped envelope for the Court.**
3. (Optional) New proposals or agreements. In order to make sure the Court considers new proposals or agreements between you and the other parent, you will file all completed forms at this time.

STEP SIX: Attend your final hearing.

Attending your hearing is very important. The judge will ask you questions about your children. This is the time for the judge to make a decision on your parenting plan. After the judge has made a decision, the Judge will sign the Parenting Plan **MP 300**. The Court will adopt the version of the Proposed Parenting Plan **MP 300** that the Court considers fair and in the best interest of your children. The Court will indicate which parenting plan is “Court Ordered” by signing the document.

Keep your copy of your Parenting Plan in a safe place. You can make extra copies of your Parenting Plan for day care providers, schools, and law enforcement.

Filing Process for a Parenting Plan

Step 1: Filing Initial Documents (Petitioner)

1. **MP-113** Petition (Attachments used when necessary)
   a. **MP-113B** Additional Children
   b. **MP-113C** Additional Residences for Children
   c. **MP-113D** Additional People Who Claim Custody
   d. **MP-113E** Additional Court Cases
2. **MP-300** Proposed Parenting Plan (Attachments for specific parenting time schedules if necessary):
   a. **MP-300B** Holiday, Vacation, Special Occasions
   b. **MP-300C** Limited Parenting Time
   c. **MP-300G** Description of Existing Medical Coverage

→

Step 2: Service Documents

1. **MP-414** Summons
2. **MP-404** Notice and Acknowledgement to CSED and Attorney General (when necessary)

*How to Serve the Other Party

A. **MP-401** Request for Sheriff to Serve Documents
B. **MP-403.14** Notice and Acknowledgement of Service by Certified Mail – Parenting Plan or;
   a. **MP-403.24** Acknowledgement of Service by Mail – Parenting Plan
C. **MP-407** Notice to Person Not Named

→

21 Days for Respondent's Answer (**MP-203**)

→

Following Step 2

Step 3: Request for Default Judgement

1. **MP-721** Request for a Hearing on Parenting Plan
   a. Petitioner can request default judgement using **MP-721**
2. **MP-722** Order Granting Hearing on Parenting Plan

Step 4 (If Respondent files an answer): Mediation

1. **MP-611.1** Motion to Request Order for Mediation
2. **MP-611.2** Mediation Summary (Mediator fills out)
3. **MP-611.3** Order for Mediation
4. **MP-612** Notice of Agreement (w/ Attached Exhibits)

→

Step 5: Request for final hearing

1. **MP-721** Request for a Hearing on Parenting Plan
2. **MP-722** Order Granting Hearing on Parenting Plan

Incorporated by reference:

A. **MP-300** Final Court Ordered Parenting Plan and Parenting Time Attachments
B. **Child Support Calculation**

3. Vital Statistics (Last filing)

*Interim Parenting Plan can also be request by filing:
MP-610.1 Motion to Adopt Proposed PP as Interim PP and Statement in Support
MP-610.4 Order Adopting Interim PP and Setting Hearing

Document Checklist

- ☐ **MP 114 -** Petition for Parenting Plan (3 copies, 4 total)

Attachments:

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

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

Attachments:

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

- ☐ **MP 414** – Summons (1 copy, 2 total)

Returned Service Document / Attempts to Serve:

- ☐ **MP 401** – Request for Sheriff to Serve
- ☐ **MP 403.2** – Acknowledgement of Service by Certified Mail
    - ☐ **(Mailed to Respondent but not returned) MP 403.1** – Notice and Request for Acknowledgement
- ☐ **MP 402.1** – Request for Order Granting Service by Publication
- ☐ **MP 404** – Notice and Acknowledgement to CSED and Attorney General
- ☐ **MP 407** – Notice to Person Not Named

- ☐ **MP 610.1** -Motion to Adopt Proposed PP as Interim PP and Statement in Support
- ☐ **Emergency Parenting Plan (blank motion packet and MP 300 Parenting Plan)**

- ☐ **MP 611.1 -** Motion to Request Order for Mediation
- ☐ **MP 611.2 -** Mediation Summary (Mediator fills out)
- ☐ **MP 611.3 -** Order for Mediation
- ☐ **MP 612** - Notice of Agreement (w/ Attached Exhibits)

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

_____
Name

_____
Mailing Address

_____
City State Zip Code

_____
Phone Number

_____
E-mail Address *(optional)*

☐ Petitioner/Plaintiff ☐ Respondent/Defendant

☐ MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY
☐ IN THE JUSTICE COURT OF _____ COUNTY, STATE OF MONTANA
☐ IN THE MUNICIPAL OR CITY COURT OF _____, MONTANA

_____, Petitioner / Plaintiff, and _____, Respondent / Defendant.	**Case No: _____** *(leave blank, the clerk will write in)* Statement of Inability to Pay Court Costs and Fees

I have a good cause of action or defense but am unable to pay filing or other court fees. I request the court waive the costs and fees. I provide the following information.

My full legal name is: _____. I was born in this month _____ and this year _____.

☐ I am represented by an entity that provides free legal services to low-income persons.

Or

☐ I am represented by a volunteer/pro bono attorney, and am financially eligible for free legal services. (*Attach a certificate of eligibility from legal aid organization to this form.*)

Or

☐ I receive one or more of these benefits: (*Check the box for <u>each</u> benefit you receive*.)

☐ SNAP ☐ TANF ☐ SSI ☐ Medicaid ☐ WIC ☐ LIEAP

If you checked any one of the three boxes above, skip to the end of this form, and sign the declaration on page 3. You don't need to fill out the remainder of the form.

If you did not check a box above, you may still qualify for a fee waiver. Please continue to fill out pages 2 and 3 of this form so the court has the information it needs to decide if you qualify for the fee waiver.

I. INCOME (*Complete this Section to the best of your ability.*)

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

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

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

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

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

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

II. ASSETS (*Complete this Section to the best of your ability.*)

What property do you and your spouse own? Include your spouse's property if you are married and not separated and not filing for dissolution. Fill in the chart below, only listing items that you could sell for $600 or more. If you don't own an item listed, write "N/A" in the "Value" column for that item. "Value" means the total amount the item(s) identified in a column would sell for, minus the amount you still owe on the item(s), if anything.

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

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

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

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

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

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

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

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

Date: _____ City: _____ State: _____

YOUR Signature: _____

Court Use Only

☐ MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY
☐IN THE JUSTICE COURT OF _____ COUNTY, STATE OF MONTANA
☐IN THE MUNICIPAL OR CITY COURT OF _____, MONTANA

_____, Petitioner / Plaintiff, and _____, Respondent / Defendant.	**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

_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number

_____
E-mail Address (optional)
☐Petitioner ☐Respondent ☐Co Petitioners
Appearing without a lawyer

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

In re the Parenting of: _____, *(name(s) of minor child(ren))* _____, *(First, Middle, Last)* Petitioner *(you)*, and _____, *(First, Middle, Last)* Respondent *(other parent)*.	**Case No: _____** *(leave blank, the clerk will write in)* **Petition for Parenting Plan**

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

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

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

OR

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

2. You are the Petitioner. Your information:

Name First: _____ Middle:_____ Last:_____

Your e-mail address (optional): _____

Your Mailing Address: _____

City: _____ State: _____ County: _____

Your Physical Address: _____

City: _____ State: _____ County: _____

Your Year of Birth:____ Age: ____ Your occupation: _____

How long have you lived in Montana? _____

3. The other parent is the Respondent. Other parent's 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 Montana? _____

4. Pregnancy. *Choose one.*

☐ The mother is not pregnant.

OR

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

OR

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

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OR

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

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

5. All minor children, including those born to or adopted by both parties.

Name	Age	Birth Year	Minor primarily lives with:
			☐ Mother ☐Father ☐Both ☐Other
			☐ Mother ☐Father ☐Both ☐Other
			☐ Mother ☐Father ☐Both ☐Other
			☐ Mother ☐Father ☐Both ☐Other
			☐ Mother ☐Father ☐Both ☐Other

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

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

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

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

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7. Other Court Cases. *Choose One.*

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

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

OR

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

The first court case is:

☐ Order of Protection ☐ Criminal case ☐ Adoption ☐ Guardianship

☐ Child and Family Services ☐ Other: *(describe)*

_____

Court: _____ Case No: _____

☐I participated as a ☐party ☐witness ☐other: _____

☐ I didn't participate.

The second court case is:

☐ Order of Protection ☐ Criminal case ☐ Adoption ☐ Guardianship

☐ Child and Family Services ☐ Other: *(describe)*

_____

Court: _____ Case No: _____

☐I participated as a ☐party ☐witness ☐other: _____

☐ I didn't participate.

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

8. Other people. *Choose one:*

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

OR

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

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

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			☐ Has physical custody ☐ Claims physical custody ☐ Claims visitation rights
			☐ Has physical custody ☐ Claims physical custody ☐ Claims visitation rights

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

9. Parenting Plan.

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

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

10. Other:

_____

_____

_____

_____

I ask the court to take the following action:

1. Adopt the Petitioner's proposed parenting plan, including parenting time, child support, and medical support.
2. If the court deems proper, award me my attorneys' fees and court costs pursuant to § 40-4-110, MCA.
3. Other:

a. _____
_____

b. _____
_____

c. _____

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4. And for any other relief this court decides is just and proper.

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

Date: _____ City _____State _____

Your Signature: _____

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_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number

_____
E-mail Address
☐Petitioner ☐Co Petitioner 1
Appearing without a lawyer

_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number

_____
E-mail Address
☐Respondent ☐Co Petitioner 2
Appearing without a lawyer

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

☐ In re the Parenting of: _____, *OR* ☐ In re the Marriage of: _____, ☐Petitioner ☐Co-Petitioner 1, and _____, ☐Respondent ☐Co-Petitioner 2.	**Case No: _____** **☐Petitioner's ☐Respondent's** **☐Co-Petitioner 1's ☐Co-Petitioner 2's** **☐Agreed ☐Court Ordered** **☐Proposed ☐Amended** **Parenting Plan**

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1. Identification of the Parties

a. Petitioner/Co-Petitioner 1's
Name:_____
Address: _____
b. Respondent/Co-Petitioner 2's
Name:_____
Address: _____

2. Identification of the Child(ren)

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

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

3. Objectives of the Parenting Plan

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

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

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

☐ All child(ren) are school age.

or

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

or

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

_____
_____
_____
_____
_____

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 (Choose One):

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

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

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

_____
_____
_____
_____
_____

or

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

_____
_____
_____
_____
_____

c. Holiday and Special Occasion Schedule

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

or

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☐ The schedule for holidays and special occasions is:

_____
_____
_____
_____
_____

or

(Specify Odd or Even Numbered Years)

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

d. Winter Vacation:

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

_____
_____
_____
_____

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e. Summer Vacation (Choose One):

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

or

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

_____
_____
_____

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

_____
_____
_____

or

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

_____
_____
_____

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

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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

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

_____
_____
_____

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

_____
_____
_____

How Often/ For How Long:

_____
_____
_____

Where:

_____
_____
_____

Supervised by Whom:

_____

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_____
_____

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

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

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

j. Other:

_____
_____
_____

5. Benefit Programs and Dependents for Taxes

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

(Choose One)

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

or

☐ Other *(specify)*:

_____

_____

b. Taxes

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

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

Respondent/Co-Petitioner 2 will claim all of our children as dependents on his/her income tax ☐every tax year ☐in odd-numbered tax years ☐ in even-numbered tax years.

☐ Other *(specify)*: _____

_____.

Each parent will fill out the necessary tax forms to claim our children as dependents for income tax purposes. This arrangement will begin in the tax year our parenting plan is signed by the court.

6. Transportation (Choose All That Apply):

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

_____
_____
_____

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

_____
_____
_____

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

_____
_____
_____

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

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

☐Our children don't have a passport. ☐Petitioner/Co-Petitioner 1 **or** ☐Respondent/Co-Petitioner 2 may apply for a passport for any of our children. The other parent shall cooperate by consenting to the issuance of this passport.

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

☐ Other *(specify)*

_____
_____.

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

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

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

☐ Other *(specify)* _____

_____.

9. Telephone Contact (Choose One):

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

or

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

_____

_____

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

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

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

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

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

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

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

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

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

- ☐ Persons abusing alcohol or using illegal drugs within 24 hours of contact with the child(ren). This includes the abuse of alcohol or the use of illegal drugs by the parent.
- ☐ Smoking environment.
- ☐ Use of profane language.
- ☐ Removal of the child(ren) from Montana, except as authorized by the Court or mutually agreed to by both parents.
- ☐ Other: _____
- ☐ Other: _____

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

11. Decision Making

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

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

Choose any that apply.

c. ☐ We will make major decisions about our children's education together. If we cannot agree, the decision will be made by ☐Petitioner/Co-Petitioner 1 **or** ☐Respondent/Co-Petitioner 2.

d. ☐ We will make major decisions about our children's non-emergency health care together. If we cannot agree, the decision will be made by ☐Petitioner/Co-Petitioner 1 **or** ☐Respondent/Co-Petitioner 2.

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

f. ☐ We will make major decisions about our children's extra-curricular activities

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together. If we cannot agree, the decision will be made by ☐Petitioner/Co-Petitioner 1 **or** ☐Respondent/Co-Petitioner 2 **or** ☐ either party during their respective parenting time.

or

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

_____
_____
_____.

Other *(specify)*:

_____
_____
_____.

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

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

Emergency Decisions

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

12. Access to Information

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

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

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

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

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

_____
_____
_____

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

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

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

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

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

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

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

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

14. Review of Parenting Plan

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

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

_____
_____
_____

or

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

15. Dispute Resolution

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

☐ We will:

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

  ☐We agree our first-choice of mediator will be

  _____

  ☐ We agree that Father will pay _____% and Mother will pay ____% of the cost of the mediator.
- Step 3: If we are unable to resolve our issues, we will file a formal motion and ask the court to decide.

or

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

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16. Child Support. *(Choose One)*

a. Child Support Amount.

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

(Choose one)

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

or

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

or

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

_____
_____.

or

b. Child Support Needs to Be Calculated

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

or

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

☐Other:_____
_____
_____
_____

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

☐ On or before the first of every month, ☐Petitioner/Co-Petitioner 1 **or** ☐Respondent/Co-Petitioner 2 must make payments to Child Support Enforcement Division. Payments must be made to CSED if a party is receiving Title IV-A Benefits (TANF, Family Medicaid), or Title IV-D benefit (if there is an active case with CSED). We can find this law at § 40-5-909, M.C.A.

or

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

or

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

_____
_____
_____.

or

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

d. Child Support Termination. Child support payments must continue until:

(Choose One).

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

or

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

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17. Medical Support. (*Choose One).*

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

or

☐ The medical support order is separate, and I am attaching it.

or

☐ The minor children need their medical and dental expenses to be covered. There is no medical support order and the court should adopt the attached medical support order.

Our responsibilities:

a. We will fill out, sign, and deliver all necessary documents to the insurance company to make sure our children are continuously covered under the plan.

b. We will timely submit claims to the insurance company for processing.

c. We will give each other insurance cards or other methods for access to coverage.

d. If the insurance company reimburses a parent who didn't pay the bill, that parent will immediately pay the parent who did pay the bill.

e. If one of us is responsible for paying medical costs and expenses and we don't pay, the court may enter a judgment against us for unpaid support. The Court may hold that parent in contempt for non-payment of support.

f. If we are responsible for paying the insurance premium and we don't, the other parent, the Department of Public Health and Human Services, or other responsible party, may pay the premium. The court may enter a judgment against the nonpaying parent for unpaid support. The Court may hold that parent in contempt for non-payment.

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

18. Other Provisions:

_____

_____

_____

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

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

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

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

DATED this _____ day of _____, 20___.

_____
Petitioner/ Co-Petitioner 1

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

DATED this _____ day of _____, 20___.

_____
Respondent/ Co-Petitioner 2

_____

_____

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

ORDER BY THE COURT

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

DATED this _____ day of _____, 20___.

_____
☐ DISTRICT COURT JUDGE ☐ STANDING MASTER

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_____, ☐Petitioner, _____, ☐Respondent ☐Co Petitioner .	**Case No: _____** **Attachment: Description of Existing Medical Coverage**

A. Current Coverage. ***Choose All That Apply.***

i. ☐ The child(ren) are presently covered under the following insurance plan:

Carrier Name:

Policy No.:

☐Petitioner ☐Respondent must continue to provide medical coverage through this plan as long as it is available at a reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.

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

iii. ☐ The child(ren) are not covered under an existing insurance plan.

a. ☐ Respondent ☐Petitioner is required to obtain individual health coverage for the child. Cost for medical coverage including premiums, deductibles, uncovered expenses, and copayments will be divided __% to Petitioner and __% to Respondent.

b. ☐ Cost for obtaining individual health coverage for the child is unreasonable or not cost effective because:_____.
☐Respondent ☐Petitioner is responsible for obtaining health coverage for the child when it becomes available to the parent at a reasonable cost. Cost for the medical coverage including premiums, deductibles, uncovered expenses, and copayments will be divided __% to Petitioner and __% to Respondent.

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NOTICE: The cost of medical insurance or health benefit plan may be considered in a child support calculation if it is known at the time of calculation, but it is not necessarily a dollar for dollar credit.

B. Contingency Medical Support.

If the minor child(ren) are either (i) covered by Medicaid, (ii) are not covered under an existing insurance plan, or (iii) if the existing coverage becomes no longer available, the following provisions shall apply:

a. The Petitioner must provide medical coverage for the child(ren), as long as it is available at reasonable cost, and as long as there is no other insurance plan that will better serve the parties.

b. The Respondent must provide medical coverage for the child(ren), as long as it is available at reasonable cost, and as long as there is no other insurance plan that will better serve the parties.

c. Both parties must provide insurance, if both parents have insurance plans that are at a combined reasonable cost and whose benefits are complementary or compatible with each other.

e. If the primary parent has obtained individual insurance or a health benefits plan for the child, both parents may agree in writing to share the costs of maintaining the coverage.

f. If circumstances change and a party believes that changes in cost are not reasonable or cost-beneficial, the party may ask the court to change the medical support order.

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_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number
Petitioner appearing without a lawyer

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

In re the Parenting of: _____, *(name(s) of minor child(ren))* _____, *(First, Middle, Last)* Petitioner *(you)*, and _____, *(First, Middle, Last)* Respondent *(other parent)*.	**Case No:** _____ *(leave blank, the clerk will complete)* **Summons**

NOTICE: You are named in this family-law lawsuit. The court may make a decision without your involvement unless you submit a written response to the court and to the Petitioner within 21 days. Read the information below.

A petition was filed with the Clerk of District Court asking the court to approve a final parenting plan for your children. You received a copy of the petition with this summons.

You must submit a written response to the Clerk of District Court and send a copy to the Petitioner within 21 calendar days. Day 1 of the 21-day period is the day after you received this Summons. If the 21st day falls on a weekend or court holiday, you may submit your response on the next business day. You must either pay a fee to submit your response or ask the court in writing to waive the fee. You can find forms for responding to a petition and waiving court fees at: www.courts.mt.gov.

If you do not submit a response, the court may give Petitioner everything they

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asked for in the Petition.

DATED this ____ day of _____, 20___.

(Seal)

_____
Clerk of Court

By: _____
Deputy Clerk

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_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number

_____
E-mail Address (optional)
Petitioner

MONTANA _____ JUDICIAL DISTRICT COURT_____ COUNTY

☐ In re the Marriage of: ***OR*** ☐ In re the Parenting of: _____, _____, Petitioner *(you)*, and _____, Respondent *(your spouse)*.	**Case No:** _____ *(leave blank, the clerk will complete)* **Request for Sheriff to Serve Documents**

To the Sheriff of _____ County:

Please serve upon the Respondent the following documents:

A	[ ]	Summons (original and one copy)
B	[ ]	Automatic Economic Restraining Order
B	[ ]	Petition for Dissolution of Marriage
B	[ ]	Petitioner's Declaration of Income and Expenses
B	[ ]	Petitioner's Proposed Property Distribution
C	[ ]	Petitioner's Proposed Parenting Plan
D	[ ]	Petition for Parenting Plan
C	[ ]	Optional: Notice and Acknowledgment to Child Support Enforcement Division
C	[ ]	Optional: Notice of Filing Montana Child Support Guidelines Financial Affidavit
	[ ]	_____
	[ ]	_____

If filing for a **dissolution with children** include forms marked **A**, **B**, and **C**
If filing for a **dissolution without children** include forms marked **A** and **B**

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If filing for a **parenting plan** include forms marked **A**, **C**, and **D**

Also enclosed is:

[ ] The Petitioner's Affidavit and Order of Inability to Pay Filing Fees which waives the fee for service in this matter;

OR

[ ] $_____ to cover the fee for service in this matter

1. Physical Description of Respondent:___ ft ___ inches. Hair color _____Eye Color_____
   Other: _____
2. The Respondent [ ] does not/[ ] does carry a weapon.
3. At present, the Respondent can be found:

[ ] At his/her residence:_____
_____.
Times normally at this address: [ ]__:__ a/p to __:__ a/p and [ ] __:__ a/p to __:__a/p.
[ ] Other:_____.

[ ] At his/her place of employment:_____
_____.
Times normally at this address: [ ]__:__ a/p to __:__ a/p and [ ] __:__ a/p to __:__a/p.
[ ] Other:_____.

[ ] Other location:_____
_____.
Times normally at this address: [ ]__:__ a/p to __:__ a/p and [ ] __:__ a/p to __:__a/p.
[ ] Other:_____.

Please serve the papers on the Respondent as soon as possible. Please return the original Summons to me at the address above, along with proof of service or a statement that you were unable to locate the Respondent.

Dated this _____ day of _____, 20____.

_____
Petitioner (*sign here*)

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Record of Service (*for Sheriff's use only)*

I certify that: ***Choose One***

[ ] I personally served the following documents:

- [ ] Summons (original and one copy)
- [ ] Automatic Economic Restraining Order
- [ ] Petition for Dissolution of Marriage
- [ ] Petitioner's Declaration of Income and Expenses
- [ ] Petitioner's Proposed Property Distribution
- [ ] Petitioner's Proposed Parenting Plan
- [ ] Petition for Parenting Plan
- [ ] Optional: Notice and Acknowledgment to Child Support Enforcement Division
- [ ] Optional: Notice of Filing Montana Child Support Guidelines Financial Affidavit
- [ ] _____
- [ ] _____

on the Respondent by delivering a copy to him/her personally on the _____ day of _____, 20____, at _____ in the County of _____, State of _____.

OR

[ ] After due effort, I was unable to locate or serve the Respondent in the County of _____, State of _____.

Dated this _____day of _____, 20____.

_____
Sheriff
By:_____
Deputy Sheriff

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_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number

_____
E-mail Address (optional)
Petitioner appearing without a lawyer

MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

In re the Parenting of: _____, *(name(s) of minor child(ren))* _____, *(First, Middle, Last)* Petitioner *(you)*, and _____, *(First, Middle, Last)* Respondent *(other parent)*.	**Case No:** _____ *(leave blank, the clerk will complete)* **Notice and Request for Acknowledgment of Service** **of Summons and Petition for Parenting Plan for Minor Children**

NOTICE To: *(your spouse's name)* _____, Respondent:

I am serving the following documents according to the rules of civil procedure. You can find the rules at the Montana Rules of Civil Procedure Rule 4(D)(3)(A):

[ ] Summons (MP-414)

[ ] Petition for Parenting Plan (MP-114)

[ ] Petitioner's Proposed Parenting Plan (MP-300)

[ ] _____

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You were sent papers in the mail or the papers were hand delivered, now what?

Why is my name on these papers?

- You are named in a family law case.
- A petition to get a parenting plan was filed in district court.

Why did I get these papers in the mail or delivered to me?

- Your child(ren)'s other parent is trying to serve you without having to use a sheriff or other process server.

IMPORTANT: Keep a copy of these papers for your records.

I don't want to have a sheriff serve me, what can I do?

- Fill out the acknowledgment part of this form;
- Put it in the enclosed stamped return envelope;
- Return it to your spouse within 21 days after the date it was received .

What does it mean if I fill out and return the acknowledgment?

- Filling out and returning the acknowledgment means that you received these papers.
- It doesn't mean that you agree with what is in the parenting plan.

If I fill out and return the acknowledgement, do I need to do anything else?

- You must submit a written response to the court and your spouse within 21 days. If you don't submit a written response, the court may decide against you without you being heard.
- You must pay a fee to submit your written response, or ask the court to waive the fee if you are low income.

What happens if I don't fill out and return the acknowledgment?

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- If you don't fill out and return the acknowledgment within 21 days after it was mailed or delivered:
  - You will be served with these papers by the sheriff or other process server.
  - You may have to pay the costs of serving you.

Where can I get help?

- You can find a response form and the closest Self Help Law Center at: courts.mt.gov/selfhelp
- You can find more information at www.MontanaLawHelp.org

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CERTIFICATE OF MAILING OR HAND DELIVERY

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

[ ] Two copies of this Notice and Acknowledgement of Service by Mail or hand delivered and a stamped return envelope (MP-403.14)

[ ] Summons (MP-414)

[ ] Petition for Parenting Plan (MP-114)

[ ] Petitioner's Proposed Parenting Plan (MP-300)

[ ] _____

[ ] _____

to Respondent at:

(mailing address) _____

_____

_____

_____
Date of Signature

_____
Petitioner Signature
Appearing without a lawyer

_____
Print Name

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_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number

_____
E-mail Address (optional)
Respondent appearing without a lawyer

MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

In re the Parenting of: _____, *(name(s) of minor child(ren))* _____, *(First, Middle, Last)* Petitioner *(you)*, and _____, *(First, Middle, Last)* Respondent *(other parent)*.	**Case No:** _____ **Acknowledgment of Service** **of Summons and Petition for Parenting Plan for Minor Children**

I state that:

1. I am the Respondent in this case.
2. I accept service of the following documents:
   - [ ] Summons
   - [ ] Petition for Parenting Plan
   - [ ] Petitioner's Proposed Parenting Plan
   - [ ] _____
   - [ ] _____
3. I received a copy of these documents on the _____ day of _____, 20___.

4. I understand the date I received these documents is the date I was served.

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

Date: _____ City _____ State _____

Your Signature: _____

Your Printed Name: _____

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_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number
Petitioner appearing without a lawyer

_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number
Co-Petitioner appearing without a lawyer

MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

☐ In re the Parenting of: _____, *OR* ☐ In re the Marriage of: _____, ☐ Petitioner, and _____, ☐ Co Petitioner ☐Respondent.	**Case No:** _____ *(leave blank, the clerk will write in)* **Notice and Acknowledgment** **to Deputy Attorney General with the Child Support Enforcement Division**

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

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A petition to [ ] dissolve this marriage and establish a parenting plan / [ ] establish a parenting plan, including child support was filed in district court. A copy of the petition and proposed parenting plan is attached to this notice.

Dated this _____ day of _____, 20___.

_____
Petitioner appearing without a lawyer *(sign here)*

_____
Print Name

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

_____
Print Name

CERTIFICATE OF MAILING

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

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

[X] Petition for Dissolution of Marriage With Children

[X] Petitioner's Proposed Parenting Plan

[ ] _____

[ ] _____

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

_____
(Street)

_____
(City) (State) (Zip)

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_____

Date *(the date you signed this)*

_____

Petitioner appearing without a lawyer *(sign here)*

_____

Print Name

_____

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

_____

Print Name

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MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

☐ In re the Parenting of: _____, *OR* ☐ In re the Marriage of: _____, ☐ Petitioner, and _____, ☐ Co Petitioner ☐Respondent.	**Case No: _____** **Acknowledgment of Notice in Family Law Case**

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

ACKNOWLEDGMENT OF NOTICE IN FAMILY LAW CASE

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

Dated this _____ day of _____, 20___.

_____
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 ENFORCEMENT DIVISION

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

To: Clerk of Court _____

_____
(Street)

_____
(City) (State) (Zip)

_____
Date of Signature

_____
Signature

_____

Print Name and Title

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_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number

_____
E-mail Address (optional)
☐Petitioner ☐Respondent ☐Co Petitioner
Appearing without a lawyer

MONTANA _____JUDICIAL DISTRICT COURT, _____COUNTY

In re the ☐Marriage ☐Parenting of: _____, ☐Petitioner ☐Co Petitioner, and _____, ☐Respondent ☐Co Petitioner.	**Case No: _____** *(leave blank, the clerk will complete)* **Notice to a Person not Named in the Case.**

A parenting case has been filed concerning the following children:

_____

_____

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

This notice is being provided to you because:

_____

_____

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

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

NEED HELP? There are resources available to assist you in filing court forms.

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

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

State Bar of Montana. If you are interested in hiring an attorney to advise you or represent you in this matter, the State Bar Lawyer and Information Referral Service is a database of attorneys. You can be connected with attorneys for any place in the state to help your family legal matter. Access the Lawyer Referral and Information Service by visiting www.montanabar.org or calling 1(406)449-6577.

Dated this _____day of _____, 20__.

Sign Here: _____ Print Name: _____
☐Petitioner ☐Respondent ☐Co-Petitioner

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_____
Name

_____
Address

_____
City, State Zip Code

_____
Phone Number

_____
E-mail Address (optional)

☐ Petitioner ☐ Respondent ☐Co-Petitioners

Appearing without a lawyer

MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY

In re the Parenting of: _____, Minor Child(ren) _____, ☐Petitioner ☐Co-Petitioner and _____, ☐Co-Petitioner ☐Respondent	**Case No: _____** **Request for Hearing** and Default by Clerk

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

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

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

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

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

2. Child Support.

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

Choose One:

☐ Proposed Child Support Guidelines Calculation Worksheet(s)

OR

☐ Child Support Enforcement Division Child Support Order.

3. Request for Hearing

Choose One:

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

OR

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

OR

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

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

Dated this _____day of _____, 20__.

Signature: _____

☐Petitioner ☐Respondent ☐Co-Petitioner

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

Default Entered: _____/_____/_____

☐ Default not entered.

_____

COURT CLERK

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_____
Name

_____
Mailing Address

_____
City, State Zip Code

_____
Phone Number

_____
E-mail Address (optional)
Co Petitioner
Appearing without a lawyer

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

In re the Parenting of: _____, *(name(s) of minor child(ren))* _____, *(First, Middle, Last)* Petitioner *(you)*, and _____, *(First, Middle, Last)* Respondent *(other parent)*.	**Case No: _____** *(leave blank, the clerk will write in)* **Consent to Entry of Parenting Plan**

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

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

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a crime to give false information in this document.

Date: _____ City _____State _____

Your Signature: _____

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MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY

In re the Parenting of: _____, Minor Child(ren) _____, ☐Petitioner ☐Co Petitioner, and _____, ☐Respondent ☐Co Petitioner.	**Case No: _____** **Court Order on Hearing for Parenting Plan**

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

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

OR

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

☐ Proposed Child Support Order or Guidelines Calculation has not been submitted to the Court for consideration.

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

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

_____

_____.

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

☐Parties must comply with this order as follows:_____

_____.

Once parties have complied, either party may file a new **MP-721** Request for a Hearing and Statement of Compliance.

OR

☐Parties appear at the hearing as scheduled.

DATED this _____ day of _____, 20____.

_____
DISTRICT COURT JUDGE

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

INSTRUCTIONS

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

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

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

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

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

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

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

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

List any special conditions of the support order. (Example: support is due until the child graduates from college.) Copy the information requested about the guidelines to this form from the guidelines worksheet.

Part 8: Provide information about health insurance coverage for the children. If insurance is not provided, indicate whether it is available through the employer of either parent. Relationship of the party providing insurance is the party's relationship to the children. (Example: mother, father, mother's spouse, father's spouse.)

List the terms and conditions of the insurance coverage. (Example: 80/20 plan, $500 deductible, major medical only.)

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

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

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

STATE OF MONTANA CASE REGISTRY AND VITAL STATISTICS REPORTING FORM

(See instructions on first page)

County/Tribe_____ **Judicial District No.**_____ **Cause No.**_____

Date Decree/Order Signed_____

☐ **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": $** _____ **"Credit for Payment of Expenses":$ _____

Save Form **Print Form** **Clear Form**