| Name  |  |  |
|---|--|--|
| Mailing Address   |  |  |
| City, State Zip Code  |  |  |
| Phone Number  |  |  |
| E-mail Address (optional)<br>Petitioner   |  |  |
| MONTANA JUDICIAL DISTR  | ICT COURT  | COUNTY                                 |
| $\Box$ In re the Marriage of:   | Case No: _   | (leave blank, the clerk will complete) |
| OR  |  |  |
| $\Box$ In re the Parenting of:  |  | equest for Sheriff<br>Serve Documents  |
| ,<br>,<br>Petitioner <i>(you</i>  | ),   |  |
| and   |  |  |
| Respondent (your spouse   | ).   |  |
| To the Sheriff of County:   |  |  |
| Please serve upon the Respondent the following  | g documents:   |  |
| <ul> <li>A [] Summons (original and one copy)</li> <li>B [] Automatic Economic Restraining Ord</li> <li>B [] Petition for Dissolution of Marriage</li> <li>B [] Petitioner's Declaration of Income and</li> <li>B [] Petitioner's Proposed Property District</li> <li>C [] Petitioner's Proposed Parenting Plan</li> <li>C [] Petition for Parenting Plan</li> <li>C [] Optional: Notice and Acknowledgme</li> <li>C [] Optional: Notice of Filing Montana C</li> <li>[]</li> </ul> | nd Expenses<br>ibution<br>n<br>ent to Child Sup<br>hild Support Gu |  |
| If filing for a <b>dissolution with children</b> include form   |  |  |

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

|     | 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 De   | scription of Respondent:ftinches. Hair colorEye Color                             |  |  |
|     | Othe  | r:  |  |  |
| 2.  | The Respondent [ ] does not/[ ] does carry a weapon.  |   |  |  |
| 3.  | At present, the Respondent can be found:  |   |  |  |
| []  | At his/her residence:   |   |  |  |
|     |   |   |  |  |
|     |   |   |  |  |
|     | Times norm  | <br>ally at this address: [ ]: a/p to: a/p and [ ]: a/p to:a/p.                   |  |  |
|     |   | <br>ally at this address: [ ]: a/p to: a/p and [ ]: a/p to:a/p.<br>               |  |  |
| []  | [] Other:_  |   |  |  |
| []  | [] Other:_  | ·   |  |  |
| []  | [ ] Other:_<br>At his/her pl  | ·   |  |  |
| []  | [ ] Other:_<br>At his/her pl<br><br>Times norm  | ace of employment:  |  |  |
| []  | [ ] Other:_<br>At his/her pl<br><br>Times norm<br>[ ] Other:_                               | ace of employment:  |  |  |
| [ ] | [ ] Other:_<br>At his/her pl<br><br>Times norm<br>[ ] Other:_                               | ace of employment:  |  |  |
| [ ] | [ ] Other:_<br>At his/her pl<br><br>Times norm<br>[ ] Other:_<br>Other locatio              | ace of employment:  |  |  |
| [ ] | [ ] Other:<br>At his/her pl<br><br>Times norm<br>[ ] Other:<br>Other location<br>Times norm | ace of employment:  |  |  |

turn 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)

| Record of  | Service (for Sheriff's use only)   |
|--|--|
| I certify that: Choose One   |  |
| <ul> <li>Petitioner's Proposed</li> <li>Petitioner's Proposed</li> <li>Petition for Parenting I</li> <li>Optional: Notice and A</li> <li>Optional: Notice of Fili</li> <li></li> </ul> | d one copy)<br>Restraining Order<br>n of Marriage<br>n of Income and Expenses<br>Property Distribution<br>Parenting Plan |
| on the Respondent by delivering a  | a copy to him/her personally on the day of   |
| OR   | cate or serve the Respondent in the County of  |
| Dated thisday of   | , 20   |
|  | Sheriff  |
|  | By:  |
|  | Deputy Sheriff   |