

INSTRUCTIONS

FORM # 81

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

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

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

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

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

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

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

If the order enters a judgment for past due support, show the **total** amount of the judgment. If the judgment includes amounts for penalties, fees or interest, list those amounts on the appropriate lines.
List any special conditions of the support order. (Example: support is due until the child graduates from college.)
Copy the information requested about the guidelines to this form from the guidelines worksheet.

Part 8: Provide information about health insurance coverage for the children. If insurance is not provided, indicate whether it is available through the employer of either parent. Relationship of the party providing insurance is the party’s relationship to the children. (Example: mother, father, mother’s spouse, father’s spouse.) List the terms and conditions of the insurance coverage. (Example: 80/20 plan, \$500 deductible, major medical only.)

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

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

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

MONTANA STATE CASE REGISTRY AND VITAL STATISTICS REPORTING FORM DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

County / Tribe _____ Judicial District No. _____ Cause No. _____

Date Decree/ Order Signed _____

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

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

1 **Mother/Wife:** Payer Payee Both N/A Maiden 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 **Father/Husband:** Payer Payee Both N/A

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						Residing With **		
	<u>Last</u>	<u>First</u>	<u>Middle</u>	Date of Birth	Sex	SSN			
	_____	_____	_____	_____	M F	_____	M F B O		
	_____	_____	_____	_____	M F	_____	M F B O		
	_____	_____	_____	_____	M F	_____	M F B O		
	_____	_____	_____	_____	M F	_____	M F B O		
	_____	_____	_____	_____	M F	_____	M F B O		
	* M = Mother F = Father B = Both O = Other								
	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 parent: _____								
				Last Name or Agency Name	First	Middle			
	Mailing Address: _____			Telephone: (____) _____					
	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 payer's employment or periodic source of income. (Attach additional pages if needed.) Check here if this order requires both parties to pay support and skip Parts 6 & 7 and complete Parts 8, 9, 10 & 11.								
	Name of Employer or Source of Income _____						Telephone		
	Street	City	State	Zip					
7	Support Order: Date Order Signed: _____								
	Check 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:	\$ _____ per	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty (*list amounts if included in judgment)	* Fees*	Interest*
Child Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
Medical Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
Spousal Support: (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

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

Father's Support Obligation		If applicable, arrears due at time of order: \$ _____						
Check type of support and enter appropriate information								
Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty* (*list amounts if included in judgment)	Fees*	Interest*
Child Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
Medical Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
Spousal Support: (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

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

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

Was the mother represented by an attorney? Yes No Was the father represented by an attorney? Yes No

Information from child support guidelines worksheet:

Mother: "Income after Deductions": \$ _____ "Credit for Payment of Expenses": \$ _____

Father: "Income after Deductions": \$ _____ "Credit for Payment of Expenses": \$ _____