

# PACKET “O”

## Joint Petition for Permanent Parenting Plan

[Begin by filling out Sensitive Data Form]

- \_\_\_\_\_ Form 230a. Affidavit of Inability to Pay
- \_\_\_\_\_ Form 230b. Affidavit of Inability to Pay
- \_\_\_\_\_ Form 231. Joint Petition for Establishment of a Permanent Parenting Plan
- \_\_\_\_\_ Form 232. Stipulated Permanent Parenting Plan-“Exhibit A”
- \_\_\_\_\_ Form 233. Order to Attend Mandatory Parenting Plan Orientation
- \_\_\_\_\_ Form 235. Statutory Notice to CSED
- \_\_\_\_\_ Form 236. Department of Health & Human Services’ Declination to Enter Proceeding as a Party
- \_\_\_\_\_ Form 237. Cover Letter to CSED
- \_\_\_\_\_ Form 238. Request for Hearing and Order Setting Hearing on Petition for Permanent Parenting Plan
- \_\_\_\_\_ Form 239. Findings of Fact, Conclusions of Law, and Final Decree Establishing Permanent Parenting Plan
- \_\_\_\_\_ Form 240. Notice of Entry of Decree
- \_\_\_\_\_ Form 241. Vital Statistics Form

### DISCLAIMER

**Documents are not legal advice.** These documents are adaptations of the documents distributed by the Montana Supreme Court Commission on Self-Represented Litigants and have been approved by the Judges of the 4th Judicial District. These documents do not constitute legal advice, and no information contained in these documents can be relied upon to replace the advice of competent legal counsel licensed to practice in Montana.

# INSTRUCTIONS & CHECKLIST PACKET “O” – JOINT PETITION FOR PERMANENT PARENTING PLAN

**NOTE:** If an Order of Protection has been issued by the Justice Court or Municipal Court, see Pro Se Packet K for instructions on how to transfer the Order of Protection to District Court.

## **BEFORE YOU BEGIN: READ THESE INSTRUCTIONS AND FILL OUT A SENSITIVE DATA FORM**

The Montana Supreme Court has enacted Court Rules for Privacy and Public Access to Court Records in Montana. These rules apply to all court records. There is certain information that you cannot put in a court record which should be maintained as confidential.

Fill out the **SENSITIVE DATA FORM** in this packet to keep the following sensitive information confidential in a court record:

- 1) Complete Social Security Numbers
- 2) Complete Financial Account Numbers (not usually applicable to parenting plans)
- 3) Full birth dates of any person involved in this case

Use these formats when required to put sensitive information in any court documents in this packet:

- For a social security number, use this format: **XXX-XX-1234**.
- For a date of birth, use this format: **age \_\_\_\_**.
- For the name of a minor child, use the child’s full name and age at the time Petition is filed. For example, “Tyler Jones, age 3.”

- File this form with your Petition. Keep a copy in a safe place.
- The Clerk will keep the Sensitive Information Form separately. The public will not have access to this document, unless the court orders it.

## **I. PETITIONING FOR A PERMANENT PARENTING PLAN:**

There are LOTS of forms that will need to be completed. Take it step-by-step-- in order -- and it should make it easier for you. On the top half of the first page of every court document there is a “**heading**” which identifies the party completing the form and a “**caption**” which sets out the case description. Fill out the heading and caption exactly the same way on every form.

This packet is to be used when the parties can AGREE on child support issues and parenting plans and file the action TOGETHER.

### **STEP 1. -- Filling Out The Forms**

**Note:** You might want to use a pen with **blue ink** so you always know which are the originals and which are copies. Also, put **N/A** (“not applicable”) in any spaces that don’t apply to your situation.

- Form #231 Fill in every section. Sign page 10 in two places in front of a notary public. The Clerk of Court’s Office can notarize these documents. Notaries also can be found at banks, law offices, etc.

- Form #232 Fill in every section. Sign on pages 10 & 11 in front of a notary public. If you need assistance developing a parenting plan, consult Rule 12(f) of the Fourth Judicial Rules of Practice, which can be found via internet at: <http://www.co.missoula.mt.us/distcourt/documents/RulesOfPractice2010.pdf>  
  
 If you need help with the computation of child support payments, check the following website for more information and an application: <http://www.dphhs.mt.gov/csed/csedforms/index.shtml>  
 OR - an application packet may be purchased at the Clerk of District Court's office.
- Form #233 Complete caption and read. This is the Order to attend parenting plan orientation, which the Clerk of District Court signs. You will receive a copy.
- Form #235 Complete and sign.
- Form #236 Complete caption only.
- Form #237 Sign and date letter.

**STEP 2. -- Making Copies**

- Make 2 copies of Documents #231, 232, & 233

**STEP 3. -- Filing Your Case With Clerk of Court.**

- Bring the originals and two copies of Form #231, 232, & 233 to the Clerk of District Court's Office for filing. The Clerk will assign a cause number and department number to identify your case with the Court. One copy will be for your own personal records.
- \$120.00 Fee -- cash/money order/personal check (subject to change). If you cannot afford the fee, fill out the form "Affidavit of Inability to Pay" forms in this packet, Forms 230a and 230b. When filing a joint petition, **BOTH** parties must fill out an Affidavit of Inability to Pay. If the Judge decides you cannot afford to pay the filing fee, your fees may be waived in whole or in part.
- The Clerk will file stamp all your documents (copies and originals). The Clerk will keep the originals and give you the copies. One set is to be retained by you. One copy is for the co-parent.
- The order to attend mandatory Parenting Plan Orientation, Form 233 which is issued by the Clerk of Court. Parenting Plan Orientation is a 90-minute program that provides an overview of community resources available to assist parents and children through the process of establishing parenting plans.

**STEP 5. -- Mailing CSED Paperwork.**

- Mail the following to CSED:
 

Form #236 & 237 -- Originals	Mailing Address: Montana D.P.H.H.S.
Form #235 -- Copy	Child Support Enforcement Division
	2675 Palmer Street - Suite C
	Missoula MT 59808
- CSED will either decline to be involved, or you will be contacted by them for more information.

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**\*\*\*\*\* DO NOT DISCARD THE BALANCE OF THE DOCUMENTS -- YOU WILL USE THEM!**

## IV. FINAL PAPERWORK:

### STEP 6. -- Final Hearing.

Once you've completed your Stipulated Parenting Plan, form 232,

- Form # 238      Complete page 1 and fill in caption only on page 2.
- Form # 241      Fully complete this form.
  
- Make 2 copies of each form - one for yourself and one for the co-parent.
- File original Form #238, & 241 with the Clerk of Court.
- Make 4 copies of Form #239. Keep one for your records, one for the co-parent and two for the Clerk of Court.
- There will be a short hearing on the best interests of the child(ren). If so, you will receive an Order setting a hearing date.
  
- A filing fee of \$45 (subject to change) must be paid to the Clerk of Court before the Final Decree (Form #239) is filed.
  
- Copies of the Final Decree will be available at the Clerk of Court's office. The Clerk's office charges \$10 per copy. However, you have already supplied two extra copies of the Final Decree. The Clerk's office will conform these copies with the original at no cost. The Clerk should then certify one copy. The cost for certification is \$2.00 each.
  
- Form #240      Complete, sign, and mail a copy to your spouse, together with one certified copy of the Final Decree (Form #239) signed by the Judge. File original Form #130 with the Clerk of Court.
  
- If there is a child support order in the Final Decree, you will need to submit a certified copy of the Decree, with calculations attached, to CSED (Child Support Enforcement Division) along with a completed application to CSED and a \$15 fee. The application is available at: <http://www.dphhs.mt.gov/csed/csedforms/index.shtml>

(Revision Date: 3/10)



Information on Co-Petitioner - Wife: (name)	
Full Date of Birth	
Social Security Number	

Information on Co-Petitioner - Husband: (name)	
Full Date of Birth	
Social Security Number	

Information on Financial Accounts (that are listed under “assets and debts” in court documents):		
Code Name: (Last 4 digits)	Financial Account Description (type of account and name on account)	Financial Institution Account Number
FA #		
FA #		
FA #		
FA #		
FA #		
FA #		
FA #		
FA #		

Information on Children:				
Name:	Full Legal Name	Date of Birth	Age	M/F
Child #1				
Child #2				
Child #3				
Child #4				

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

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Co-Petitioner - Wife

---

Co-Petitioner - Husband

**Note: Both parties will have access to this Sensitive Data Form.**

\_\_\_\_\_  
Name

FORM #230a

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Email Address

**MONTANA FOURTH JUDICIAL DISTRICT COURT,  
MISSOULA COUNTY**

In re the Parenting of:

\_\_\_\_\_,

Initials of Minor

Child(ren)

\_\_\_\_\_,

Co-Petitioner,

and

\_\_\_\_\_,

Co-Petitioner.

Cause No.: \_\_\_\_\_

Department No.: \_\_\_\_\_

**AFFIDAVIT OF INABILITY TO  
PAY FILING FEES AND OTHER  
COSTS**

Mother's

Father's

**[ANSWER ALL QUESTIONS. USE N/A IF NOT APPLICABLE]**

**[NOTE TO CLERK: REMOVE FINAL PAGE AFTER JUDGE SIGNS AND FILE  
ORDER SEPARATELY]**

STATE OF MONTANA ) ss:  
COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, being first duly sworn, depose and say: That I have a good cause of action or defense but am unable to pay the costs or get security to secure the cause of action or defense. I request the court to waive the costs and approve indigence status. I declare the following:

**I. PERSONAL INFORMATION**

I am the \_\_\_\_\_ Co-Petitioner Mother, \_\_\_\_\_ Co-Petitioner Father in the above proceeding.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

SSN \_\_\_\_\_

Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Self-Employed: Yes \_\_\_ No \_\_\_ Hourly wage \$ \_\_\_\_\_  
Employer's name and address \_\_\_\_\_  
Type of employment \_\_\_\_\_ Length of current employment \_\_\_\_\_

If unemployed:  
Month/Year last employed \_\_\_\_\_ Last hourly wage \$ \_\_\_\_\_  
Why did you leave your last employment? \_\_\_\_\_  
Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Are persons dependent on you for support? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list each person and that person's age and relationship to you:  
\_\_\_\_\_  
\_\_\_\_\_

Spouse's name \_\_\_\_\_  
Spouse's: Birthdate \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_  
Spouse's employer and address \_\_\_\_\_

Are you sharing expenses with anyone? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
Are you sharing income with anyone? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

**II. INCOME**

Income available:  
My wages or salary \$ \_\_\_\_\_ AFDC \$ \_\_\_\_\_  
Other wages or salary \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_ Workers' Comp \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_ Medicaid \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_  
Child support \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_

Total household income:  
Last month \$ \_\_\_\_\_ Previous 12 months \$ \_\_\_\_\_

**III. ASSETS**

Do you or your spouse own or are you or your spouse buying any motor vehicles?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Year, make and model of vehicle(s):  
\_\_\_\_\_  
\_\_\_\_\_

Is/are vehicle(s) paid for? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, how much do you or your spouse owe? \$ \_\_\_\_\_

Do you or your spouse own or are you or your spouse buying any land or other real estate?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the approximate current market value? \$ \_\_\_\_\_  
What was the purchase price? \$ \_\_\_\_\_  
When did you purchase the land or other real estate? \_\_\_\_\_  
Is it paid for? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, how much do you or your spouse owe on the land or other real estate? \$ \_\_\_\_\_

Do you or your spouse have:  
Checking accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, total amount \$ \_\_\_\_\_  
Savings accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, total amount \$ \_\_\_\_\_  
List the banks where the accounts are held: \_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse have stocks or bonds? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the total amount of the stocks or bonds \$ \_\_\_\_\_

Do you or your spouse have wages due but not received? Yes \_\_\_ No \_\_\_  
If yes, list total amount \$ \_\_\_\_\_

Is there money owed to you or your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, total amount owed to you or your spouse \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value of your or your spouse's personal property:  
Sporting Equipment \$ \_\_\_\_\_ Guns \$ \_\_\_\_\_ Boats \$ \_\_\_\_\_  
Trailers \$ \_\_\_\_\_ Campers \$ \_\_\_\_\_ Tools \$ \_\_\_\_\_  
Stereos \$ \_\_\_\_\_ TVs \$ \_\_\_\_\_ Furniture \$ \_\_\_\_\_  
Appliances \$ \_\_\_\_\_ Other personal property \$ \_\_\_\_\_

Describe and value other personal property you or your spouse own or are buying:  
\_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse have in your possession or in your house any property worth over \$200.00 that belongs to another person? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:

Type of property: \_\_\_\_\_  
Value of property \$ \_\_\_\_\_  
Name the owner of the property: \_\_\_\_\_  
Reason the property is in your possession: \_\_\_\_\_  
\_\_\_\_\_

**IV. MONTHLY EXPENSES**

List your or your spouse's monthly expenses:  
Rent or house payment \$ \_\_\_\_\_  
Clothes \$ \_\_\_\_\_ Food \$ \_\_\_\_\_  
Miscellaneous items (*List each item*): \$ \_\_\_\_\_

V.

**OBLIGATIONS/DEBTS**

Do you or your spouse have any debts or obligations that you owe?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, describe the debts or obligations and list the amounts:

Have you sold, given away, or put in the name of another person or entity , or otherwise transferred any property of a value over \$200 within the preceding 12 months? Yes\_\_\_ No\_\_\_

If yes, describe the property: \_\_\_\_\_

Value of property \$\_\_\_\_\_

Name(s) to whom you transferred property: \_\_\_\_\_

Reason for transfer of property: \_\_\_\_\_

**Please Check one of the following and complete all information:**

\_\_\_\_\_ I have paid or will pay a total of \$\_\_\_\_\_ for the preparation or processing of the documents or blank forms that will be filed in this entire case (from the beginning of the case to the end of the case) and agree that an equal amount is to be paid to the Clerk of District Court at the time of the entry of decree or final judgment in this case.

**or**

\_\_\_\_\_ I prepared all of the pleadings and papers to be filed in this case myself, and no one has been, or will be, paid on my behalf. I have not paid anyone or any organization for the preparation and processing of these documents or for the forms to be used in this case.

I further declare that I am the person above named, that I have read the foregoing questions and information and know the same to be true to the best of my knowledge, and that IF ANY PART OF THE ABOVE IS MADE FALSELY, I AM SUBJECT TO PROSECUTION FOR PERJURY.

\_\_\_\_\_  
(Signature of Affiant)

SUBSCRIBED AND SWORN TO before me, a notary public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Name (*printed*): \_\_\_\_\_  
Notary Public for the State of Montana.  
Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Hon. \_\_\_\_\_  
Fourth Judicial District  
Missoula County Courthouse  
200 West Broadway  
Missoula, Montana 59802  
(406) 258-4780  
Fax (406) 258-4899

**MONTANA FOURTH JUDICIAL DISTRICT COURT,  
MISSOULA COUNTY**

<p>In re the Marriage of:</p> <p>_____, Co- Petitioner,</p> <p>and</p> <p>_____, Co-Petitioner.</p>	<p>Dept. No.: _____ Cause No.: _____</p> <p><b>ORDER ON INABILITY TO PAY FILING FEES AND OTHER COSTS</b></p>
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Having considered the information contained in [Petitioner’s] [Respondent’s] Affidavit of Inability to Pay Filing Fees and Other Costs, IT IS HEREBY ORDERED that, pursuant to §25-10-404, MCA et seq., all officers of the Court shall perform all services associated with this action, including filing, issuance and service of all pleadings and court orders, without demanding or receiving fees in advance. Leave to file the Petition expires thirty (30) days from the date of this Order.

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

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

\_\_\_\_\_  
Name

FORM #230b

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Email Address

**MONTANA FOURTH JUDICIAL DISTRICT COURT,  
MISSOULA COUNTY**

In re the Parenting of:

\_\_\_\_\_,

Initials of Minor

Child(ren)

\_\_\_\_\_,

Co-Petitioner,

and

\_\_\_\_\_,

Co-Petitioner.

Cause No.: \_\_\_\_\_

Department No.: \_\_\_\_\_

**AFFIDAVIT OF INABILITY TO  
PAY FILING FEES AND OTHER  
COSTS**

Mother's

Father's

**[ANSWER ALL QUESTIONS. USE N/A IF NOT APPLICABLE]**

**[NOTE TO CLERK: REMOVE FINAL PAGE AFTER JUDGE SIGNS AND FILE  
ORDER SEPARATELY]**

STATE OF MONTANA ) ss:  
COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, being first duly sworn, depose and say: That I have a good cause of action or defense but am unable to pay the costs or get security to secure the cause of action or defense. I request the court to waive the costs and approve indigence status. I declare the following:

**I. PERSONAL INFORMATION**

I am the \_\_\_\_\_ Co-Petitioner Mother, \_\_\_\_\_ Co-Petitioner Father in the above proceeding.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

SSN \_\_\_\_\_

Employed: Yes \_\_\_\_\_ No \_\_\_\_\_ Self-Employed: Yes \_\_\_ No \_\_\_ Hourly wage \$ \_\_\_\_\_  
Employer's name and address \_\_\_\_\_  
Type of employment \_\_\_\_\_ Length of current employment \_\_\_\_\_

If unemployed:  
Month/Year last employed \_\_\_\_\_ Last hourly wage \$ \_\_\_\_\_  
Why did you leave your last employment? \_\_\_\_\_  
Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Are persons dependent on you for support? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list each person and that person's age and relationship to you:  
\_\_\_\_\_  
\_\_\_\_\_

Spouse's name \_\_\_\_\_  
Spouse's: Birthdate \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_  
Spouse's employer and address \_\_\_\_\_

Are you sharing expenses with anyone? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
Are you sharing income with anyone? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

**II. INCOME**

Income available:  
My wages or salary \$ \_\_\_\_\_ AFDC \$ \_\_\_\_\_  
Other wages or salary \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_  
Unemployment \$ \_\_\_\_\_ Workers' Comp \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_ Medicaid \$ \_\_\_\_\_  
Pension \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_  
Child support \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_

Total household income:  
Last month \$ \_\_\_\_\_ Previous 12 months \$ \_\_\_\_\_

**III. ASSETS**

Do you or your spouse own or are you or your spouse buying any motor vehicles?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Year, make and model of vehicle(s):  
\_\_\_\_\_  
\_\_\_\_\_

Is/are vehicle(s) paid for? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, how much do you or your spouse owe? \$ \_\_\_\_\_

Do you or your spouse own or are you or your spouse buying any land or other real estate?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the approximate current market value? \$ \_\_\_\_\_  
What was the purchase price? \$ \_\_\_\_\_  
When did you purchase the land or other real estate? \_\_\_\_\_  
Is it paid for? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, how much do you or your spouse owe on the land or other real estate? \$ \_\_\_\_\_

Do you or your spouse have:  
Checking accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, total amount \$ \_\_\_\_\_  
Savings accounts? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, total amount \$ \_\_\_\_\_  
List the banks where the accounts are held: \_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse have stocks or bonds? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the total amount of the stocks or bonds \$ \_\_\_\_\_

Do you or your spouse have wages due but not received? Yes \_\_\_ No \_\_\_  
If yes, list total amount \$ \_\_\_\_\_

Is there money owed to you or your spouse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, total amount owed to you or your spouse \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value of your or your spouse's personal property:  
Sporting Equipment \$ \_\_\_\_\_ Guns \$ \_\_\_\_\_ Boats \$ \_\_\_\_\_  
Trailers \$ \_\_\_\_\_ Campers \$ \_\_\_\_\_ Tools \$ \_\_\_\_\_  
Stereos \$ \_\_\_\_\_ TVs \$ \_\_\_\_\_ Furniture \$ \_\_\_\_\_  
Appliances \$ \_\_\_\_\_ Other personal property \$ \_\_\_\_\_

Describe and value other personal property you or your spouse own or are buying:  
\_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse have in your possession or in your house any property worth over \$200.00 that belongs to another person? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:

Type of property: \_\_\_\_\_  
Value of property \$ \_\_\_\_\_  
Name the owner of the property: \_\_\_\_\_  
Reason the property is in your possession: \_\_\_\_\_  
\_\_\_\_\_

**IV. MONTHLY EXPENSES**

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Rent or house payment \$ \_\_\_\_\_  
Clothes \$ \_\_\_\_\_ Food \$ \_\_\_\_\_  
Miscellaneous items (*List each item*): \$ \_\_\_\_\_

V.

**OBLIGATIONS/DEBTS**

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Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the debts or obligations and list the amounts:

Have you sold, given away, or put in the name of another person or entity , or otherwise transferred any property of a value over \$200 within the preceding 12 months? Yes \_\_\_ No \_\_\_

If yes, describe the property: \_\_\_\_\_

Value of property \$ \_\_\_\_\_

Name(s) to whom you transferred property: \_\_\_\_\_

Reason for transfer of property: \_\_\_\_\_

**Please Check one of the following and complete all information:**

\_\_\_\_\_ I have paid or will pay a total of \$ \_\_\_\_\_ for the preparation or processing of the documents or blank forms that will be filed in this entire case (from the beginning of the case to the end of the case) and agree that an equal amount is to be paid to the Clerk of District Court at the time of the entry of decree or final judgment in this case.

**or**

\_\_\_\_\_ I prepared all of the pleadings and papers to be filed in this case myself, and no one has been, or will be, paid on my behalf. I have not paid anyone or any organization for the preparation and processing of these documents or for the forms to be used in this case.

I further declare that I am the person above named, that I have read the foregoing questions and information and know the same to be true to the best of my knowledge, and that IF ANY PART OF THE ABOVE IS MADE FALSELY, I AM SUBJECT TO PROSECUTION FOR PERJURY.

\_\_\_\_\_  
(Signature of Affiant)

SUBSCRIBED AND SWORN TO before me, a notary public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Name (*printed*): \_\_\_\_\_  
Notary Public for the State of Montana.  
Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Hon. \_\_\_\_\_  
Fourth Judicial District  
Missoula County Courthouse  
200 West Broadway  
Missoula, Montana 59802  
(406) 258-4780  
Fax (406) 258-4899

**MONTANA FOURTH JUDICIAL DISTRICT COURT,  
MISSOULA COUNTY**

<p>In re the Marriage of:</p> <p>_____, Co- Petitioner,</p> <p>and</p> <p>_____, Co-Petitioner.</p>	<p>Dept. No.: _____ Cause No.: _____</p> <p><b>ORDER ON INABILITY TO PAY FILING FEES AND OTHER COSTS</b></p>
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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Email Address  
PETITIONER PRO SE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Email Address  
PETITIONER PRO SE

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
MISSOULA COUNTY**

<p>In re the Parenting of:</p> <p>_____</p> <p style="text-align: center;">Initials of minor child(ren);</p> <p>_____ ,</p> <p style="text-align: right;">Co-</p> <p style="text-align: center;">Petitioner,</p> <p>and</p> <p>_____ ,</p> <p style="text-align: right;">Co-Petitioner.</p>	<p>Cause No.: _____</p> <p>Department No.: _____</p> <p><b>JOINT PETITION FOR ESTABLISHMENT OF PERMANENT PARENTING PLAN</b></p>
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**1. Information about Mother**

- a. Name: \_\_\_\_\_
- b. Age: \_\_\_\_\_
- c. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_
- d. Length of Residence in County: \_\_\_\_\_

e. Length of Residence in Montana, if applicable:

f. Occupation:

**2. Information about Father**

a. Name:

b. Age: \_\_\_\_\_

c. Address:

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

d. Length of Residence in County:

e. Length of Residence in Montana, if applicable:

f. Occupation:

**3. Relationship**

The parties were never married.

**4. Pregnancy** *Choose One:*

The Mother is not pregnant.

The Mother is pregnant. However, the Father is not the father of the child she is carrying, and the child is not at issue in this proceeding.

The Mother is pregnant. The Father is the father of this child.

**5. Identification of the Child(ren) of the Parties:**

Name (first and last)	Date of Birth	State of residence for last 6 months

**6. Jurisdiction over the Child(ren)**

This Court has jurisdiction to make a parenting determination regarding the minor child(ren) listed above. Choose One:

- The child(ren) has/have lived in Montana for at least six consecutive months immediately before the start of this proceeding. If a child is less than six months old, the child has lived in Montana since his/her birth.
- Montana was the home state of the child(ren) within six months of the start of this proceeding, and one parent continues to reside in Montana.
- The child(ren) and one parent have had significant connections to Montana, and substantial evidence about them is available here.
- The child(ren) is/are physically present in Montana, and the child(ren) has/have been abandoned or an emergency exists requiring the child(ren)'s protection.

**7. Required Information Regarding the Child(ren)**

This proceeding will affect the parenting of the minor child(ren) of the marriage. The following information is required by M.C.A. § 40-7-110:

- a. During the last five years, the child(ren) have lived at the following places with the following persons. *List each place the child(ren) have lived, the dates the child(ren) lived there, and all person(s) with whom the child(ren) lived and current address:*

Address (City/State)	Dates	With Whom/Relation/Current Address

If needed, attach additional sheet(s) as Exhibit \_\_\_\_.

List the names and present addresses, if known, of the persons listed above, other than Petitioner and Respondent, with whom the child(ren) have lived in the last five years:

Names	Present Address(es)

If needed, attach additional sheet(s) as Exhibit \_\_\_\_.

b. Choose One:

I have not participated as a party or witness or in any other capacity in any other proceeding concerning the parenting of or visitation with the child(ren).

I have participated as a  party/  witness /  other: \_\_\_\_\_ in another proceeding concerning the parenting of the child(ren).

Court:

Case No.: \_\_\_\_\_

Date of Child Custody Determination: \_\_\_\_\_.

If needed, attach additional sheet(s) as Exhibit \_\_\_\_.

c. Choose One:

I know of no other proceeding that could affect the current proceeding.

The following proceeding could affect the current proceeding: \_\_\_\_\_

Nature of Proceeding: \_\_\_\_\_

Court:

Case No.: \_\_\_\_\_

If needed, attach additional sheet(s) as Exhibit \_\_\_\_.

d. Choose One:

I know of no other person (not a party to this action) who has physical custody of the child(ren), or who claims rights of legal custody, physical custody or visitation with the child(ren).

The following person(s) have physical custody of the child(ren) or claim rights of legal custody, physical custody or visitation with the child(ren):

---

---

**8. Parenting Plan**

It is in the best interest(s) of the minor child(ren) that the Court adopt the Petitioner's Proposed Parenting Plan, filed separately from this Petition.

**9. Child Support Order**

The  Mother  Father needs financial assistance from the  Mother  Father to support the minor child(ren). The Petitioner requests that the Court enter the following proposed Child Support Order:

a. Choose One:

1.  The  Mother  Father shall pay \$\_\_\_\_\_ per month per child.

This amount:

is in accordance with the Montana Child Support Guidelines.

varies from the Montana Child Support Guidelines.

(Attach the calculations done according to the Montana Child Support Guidelines.)

**or**

2.  Child support in the amount of \$ \_\_\_\_\_ per month per child **has already been established** by the Montana Child Support Enforcement Division or another appropriate administrative agency or court. A copy of the Order is attached to this Petition as Exhibit \_\_\_\_\_. (*Skip to Number 18.*)

**or**

3.  The Petitioner requires assistance in calculating an amount of child support based on the Montana Child Support Guidelines. The Petitioner understands that these calculations are required before the final hearing can be set.

**CHILD SUPPORT ORDER**

*Only complete the following if Option 1 or 2 is selected above:*

b. The first payment is due the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, with subsequent payments to be made on the \_\_\_\_ day of each month thereafter.

Payments should continue until such time as each child reaches the age of 18 years and has completed high school, or attained the age of 19 years, or is emancipated by court order, whichever shall first occur.

- c. Payments should be made to (Choose One):  
     The Child Support Enforcement Division.  
    The parties  request  do not request income withholding.  
**or**  
     Missoula County Clerk of Court, 200 West Broadway, Missoula, MT 59802.
- d. The Petitioner requests that the following warning be included in the Final Child Support Order:

<b>WARNING: If a parent is delinquent in payments, that parent's income may be subject to income withholding procedures under MCA Title 40, Chapter 5, without need for any further action by the Court. Support is delinquent when it is 8 days overdue.</b>
---

- e. Whenever the case is receiving services under Title IV-D of the Social Security Act, support payments must be paid through the Department of Public Health and Human Services Child Support Enforcement Division as provided in M.C.A. § 40-5-909.
- f. This order is subject to review and modification by the Department of Public Health and Human Services upon the request of the Department or a party under M.C.A. §§ 40-5-271 through 40-5-273, when the Department is providing services for enforcement under Title IV-D of the Social Security Act.
- g. The obligations to provide financial child support, provide medical care for a child, and provide or comply with parenting arrangements shall be independent of each other, and the failure or inability to provide one or more shall not reduce any other obligation.
- h. Each party should promptly inform the Court of any changes in the following information:
- (i) Name, social security number, mailing address, residential address, telephone number, and driver's license number; and
  - (ii) Names, addresses, and telephone numbers of current employers
- i. The Petitioner requests that the following warning be included in the Final Child Support Order:

**WARNING: In any subsequent child support enforcement action, on sufficient showing of diligent efforts to locate the party, due process requirements for notice and service may be met by delivering written notice by regular mail to the last address of the party or the party's employer reported to the Court.**

**10. Medical Support Order**      *Choose One:*

a.      *Choose One:*

1.                  A Medical Support Order **has already been established** by the Montana Child Support Enforcement Division or another appropriate administrative agency or court. A copy of the Order is attached to this Petition as Exhibit\_\_\_\_\_.  
(Skip to Number 19.)

**or**

2.                  Medical support is needed to cover the medical and dental expenses of the minor child(ren) of the parties. The Petitioner requests that the Court adopt the following Medical Support Order:

b.      **Existing Coverage --** Choose All That Apply. *Complete this section only if Option 1 is selected above:*

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

Carrier Name: \_\_\_\_\_

Policy No.: \_\_\_\_\_

The  Mother     Father shall continue to provide medical coverage through the 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.

     The child(ren) are recipient(s) of medical assistance under Title XIX of the Federal Social Security Act (Medicaid).

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

**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 Mother shall provide medical coverage through individual insurance or a health benefit plan for the child(ren), as long as it is available at reasonable cost, and as long

as no other plan or individual insurance is available that will better serve the interests of the parties.

- b. The Father shall provide medical coverage through individual insurance or a health benefit plan for the child(ren), as long as it is available at reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.
- c. If health benefit plans are available to both parties at a combined cost that is reasonable or cost-beneficial and with benefits that are complementary or compatible as primary and secondary coverage, both parties shall provide coverage for the child(ren).
- d. Coverage is presumed to be available at reasonable cost if the cost of premiums does not exceed 25 percent of the obligated party's total child support obligation when calculated under the child support guidelines without credit for the medical support obligation.
- e. If circumstances change and a party believes that corresponding changes in cost are not reasonable or cost-beneficial, the party may move to petition any appropriate tribunal for relief.

### **Duties of the Parties**

- a. The Mother shall be responsible for \_\_\_\_% and the Father shall be responsible for \_\_\_\_% of all medical expenses of the minor child(ren), including the costs of the premium for coverage, all co-payments and deductibles required for coverage, and any uncovered medical expenses.
- b. Each party shall promptly execute and deliver to the insurance provider all forms necessary to ensure the child(ren)'s continuous participation in insurance coverage. Each party shall timely submit claims for processing, verification, and payment. Each party shall provide the other party with identification cards or other methods for access to coverage.
- c. If a party receives a reimbursement but did not pay the underlying bill, that party shall promptly pay over the proceeds to the proper party.
- d. If the party responsible for providing medical insurance coverage for the child(ren) allows such coverage to lapse without securing a comparable replacement, that party shall be liable for all the child(ren)'s medical expenses and shall indemnify the other party, the Department of Public Health and Human Services, or any third-party custodian for the cost of obtaining medical coverage and medical expenses.

- e. Any liability for unpaid medical costs and expenses may be entered as a judgment for unpaid support against the obligated party. A party may apply to the Court for expedited enforcement procedures.
- f. If an obligated party fails to pay a required premium, the other parent, the Department of Public Health and Human Services, or the custodian may advance the cost of premiums and keep benefits continually in force for the child. The advance should be entered as a judgment for unpaid child support in favor of the advancing party and against the obligated parent.
- g. The obligation to provide medical coverage for the child(ren) ceases only when the child support obligation ceases.
- h. The costs of providing individual insurance or a health benefit plan may not be used as a direct offset to the child support obligation. However, as provided by the child support guidelines, the costs may be considered in making or modifying a child support order.
- i. Each party shall promptly inform the Court of any changes in the following information:
  - (i) If the child(ren) are covered by a health or medical insurance plan, the name of the plan, the policy identification number, and the name(s) of the person(s) covered;
  - (ii) If the child(ren) are not covered by a health or medical insurance plan, whether health insurance coverage for the child(ren) is available through the party's employer or other group, and if so, whether the employer or other group pays any portion of the coverage premium.
- j. A civil penalty not to exceed \$25 per day may be imposed for an intentional violation of this medical support order or the provisions of M.C.A Title 40, Chapter 5, Part 8 or the regulations promulgated under that Part.
- k. This Order authorizes automatic enrollment without a further court order, if medical insurance is available for minor children through a parent's employer.
- l. The Petitioner requests that the following warning be placed in the Final Child and Medical Support Orders:

**WARNING: The obligations to provide medical care, provide financial child support, and provide or comply with visitation and parenting arrangements are independent of each other, and the failure or inability to provide one or more does not reduce any other obligation.**

**11. Notice to the Department of Public Health and Human Services** *Choose One:*

The Department of Public Health and Human Services is not providing services to the parties or minor child(ren) of the parties under the provisions of Title IV-D of the Social Security Act.

The Department of Public Health and Human Services is providing services to the parties or minor child(ren) of the parties under the provisions of Title IV-D of the Social Security Act. The Petitioner will notify the Montana Child Support Enforcement Division and the Office of the Attorney General of this proceeding.

Not applicable. The Petitioner is not seeking to establish, enforce, or modify the parties' previously established child support order.

**12. Tax Exemption** *Choose One:*

The Wife will be entitled to claim \_\_\_\_\_ (name of child) every year for all tax purposes and the Husband will be entitled to claim \_\_\_\_\_ (name of child) every year for all tax purposes.

**or**

The Wife will claim \_\_\_\_\_ (name of child) in even tax years and the Husband will claim the child in odd tax years for all tax purposes, however Earned Income Credit be claimed by whichever parent qualifies under IRS regulations.

**or**

**Other Provisions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**13. Other Provisions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

WHEREFORE, the Petitioner requests as follows:

1. That this Court adopt the Petitioner's Proposed Parenting Plan, filed separately from this Petition;

2. That a Child Support Order be established, if requested above;
3. That a Medical Support Order be established, if requested above;
4. Other Provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ; and
5. For such other and further relief as the Court deems just and proper.

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

\_\_\_\_\_  
Co-Petitioner (mother)

\_\_\_\_\_  
Co-Petitioner (father)

STATE OF MONTANA )  
 ) ss  
COUNTY OF \_\_\_\_\_)

The undersigned, being first duly sworn on oath, says that he/she is the Petitioner in the above-entitled proceeding; that he/she has read the foregoing Petition and knows the contents thereof; and that the matter, facts and things stated therein are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Co-Petitioner (Mother)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Name (*printed*): \_\_\_\_\_  
Notary Public for the State of Montana.  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

STATE OF MONTANA )  
 ) ss  
COUNTY OF \_\_\_\_\_)

The undersigned, being first duly sworn on oath, says that he/she is the Petitioner in the above-entitled proceeding; that he/she has read the foregoing Petition and knows the contents thereof; and that the matter, facts and things stated therein are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Co-Petitioner (Father)

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Name (*printed*): \_\_\_\_\_  
Notary Public for the State of Montana.  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_



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

Name (first and last)	Age	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 Schedule for the Child(ren)** *The provisions set forth below in Paragraphs 4(a)-(i) are one way to write your residential schedule. This schedule is designed to provide for the child(ren)'s changing needs as they grow and mature. It specifies the periods of time during which the child(ren) will reside with each parent, including holidays, vacations, and other special occasions. If you choose not to use the provisions provided, you may write your own schedule in Paragraph 4(j) below.*

**a. Pre-School Schedule (Choose One):**

- There are no child(ren) under school age.
- There are child(ren) under school age, but the school schedule set forth in 4(b) below shall apply to the child(ren) regardless of their age(s).
- Prior to enrollment in school, the child(ren) shall reside primarily with the  Mother  Father, except for the following days and times when the other parent shall have parenting time with the child(ren):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Or**

Describe the residential schedule for the minor child(ren) prior to their enrollment in school: \_\_\_\_\_

**b. School Schedule (Choose One):**

Upon enrollment in school, the child(ren) shall reside with the  
 Mother  Father, except for the following days and times when the other parent shall have parenting time with the child(ren): \_\_\_\_\_

**or**

Describe the residential schedule for the minor child(ren):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**c. Holiday and Special Occasion Schedule**

No holiday and special occasion schedule shall apply. The school year or pre-school schedule set forth above shall apply.

**or**

The following schedule shall apply for the holidays and special occasions listed below:

Following is the customary visitation schedule when children are over 5 years old and parents reside less than 200 miles apart. Parents may consult Local Rule 12(f) for further guidance.

<http://www.montanacourts.org/dcourt/rules/local/4th.pdf>

(Specify Odd or Even)

HOLIDAY	MOTHER	FATHER
Thanksgiving (Wed. 5:30 p.m. – Sun. 7:00 p.m.)		
Christmas Eve (Chr. Eve Noon -- Chr. Day Noon)		
Christmas Day (Noon to 9:00 p.m.)		
New Years (NY Eve Noon -- NY Day Noon)		
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		
Halloween		

HOLIDAY	MOTHER	FATHER
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		
Mother's Birthday		
Father's Birthday		

The child(ren)'s school attendance shall take priority over the holiday and special day schedule. The child(ren) **shall not** miss school because of the holiday or special occasion schedule.

**d. Winter Vacation** (Choose One):

No winter vacation schedule shall apply. The school year or pre-school schedule set forth above shall apply.

**or**

(i) The parent exercising parenting time with the child(ren) on Christmas Eve (as outlined above) shall have the following additional parenting time with the child(ren) over winter vacation:

\_\_\_\_\_.

(ii) The parent exercising parenting time with the child(ren) on Christmas Day (as outlined above) shall have the following additional parenting time with the child(ren) over winter vacation:

\_\_\_\_\_.

**or**

Describe the residential schedule for the child(ren)'s winter vacation:

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

**e. Summer Vacation** (Choose One):

No summer vacation schedule shall apply. The school year or pre-school schedule set forth above shall apply.

**or**

The child(ren) shall reside with the  Mother  Father during summer vacations, except for the following days and times when the child(ren) shall be with the other parent: \_\_\_\_\_

\_\_\_\_\_.

**or**

Describe the residential schedule for the child(ren)'s summer vacation:

\_\_\_\_\_.

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**f. Spring Break (Choose One):**

No Spring Break schedule shall apply. The school year or pre-school schedule set forth above shall apply.

**or**

The child(ren) shall reside with the  Mother  Father during Spring Break, except for the following days and times when the child(ren) shall be with the other parent: \_\_\_\_\_

\_\_\_\_\_.

**or**

Describe the residential schedule for the child(ren)'s Spring Break:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

**g. Other Vacations with Parents**

*Describe the schedules for any other vacations with the parents:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**h. Priorities under the Residential Schedule**

If the residential schedule outlined above results in a conflict where the child(ren) are scheduled to be with both parents at the same time, the conflict shall be resolved by priority being given as follows:

Rank the order of priority, with 1 being the highest priority

\_\_\_\_ Preschool and School Schedule

\_\_\_\_ Holidays/Special Occasions

\_\_\_\_ Winter/Summer/Spring Break Vacations

\_\_\_\_ Other Vacations with Parents

**or**

Other:

\_\_\_\_\_

\_\_\_\_\_.

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

The residential schedule listed above is not subject to any additional restrictions or limitations on parenting time.

**or**

(i) The  Mother's  Father'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  
 Mother's  Father's parenting time be subject to the following conditions:

How Often/ For How Long: \_\_\_\_\_

Where: \_\_\_\_\_.

Supervised by Whom: \_\_\_\_\_.

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

- (iv) If the  Mother  Father has completed the following and has followed through with any and all recommendations by the evaluator, treatment counselor, and/or other professional recommendations, the  Mother  Father 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. Designation of Primary Parent**

For the purpose of all other state and federal statutes which require a designation or determination of parenting, the  Mother  Father shall be designated the primary parent. However, this designation shall not affect either parent's rights and responsibilities under this parenting plan.

**6. Transportation Arrangements (Choose All That Apply):**

- Transportation arrangements for the child(ren) between parents shall be as follows:

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

- Unless both parents agree upon a different meeting place, the exchange of the child(ren) shall be at: \_\_\_\_\_.

- Transportation costs shall be distributed as follows: \_\_\_\_\_.

- If the  Mother  Father is more than \_\_\_\_\_ minutes late to pick the child(ren) up for a visit, that visit shall be canceled.

**7. Telephone Contact (Choose One):**

- While the child(ren) reside with one parent, the other parent shall be permitted to speak with the child(ren) at reasonable times.

**or**

- While the child(ren) reside with one parent, the other parent shall be permitted to speak with the child(ren) at the following times only: \_\_\_\_\_  
\_\_\_\_\_.

**8. 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 shall notify the other parent at least \_\_\_\_\_ days in advance when a particular parenting time shall not be exercised. The missed time shall not be substituted unless mutually agreed to by both parents. The parents are expected to fairly modify visitation when family necessities, illnesses, or other commitments reasonably so require. The requesting parent shall act in good faith and give as much notice as circumstances permit.
- Each parent shall 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 shall be returned with the child(ren).
- Each parent shall provide separate clothes for the child(ren) at their own residence, unless mutually agreed to by both parents. In the cold months of the year, both parents are required to have adequate boots, gloves, hats, and jackets for the child(ren), unless mutually agreed to by both parents.
- If a parent plans a special activity that requires clothing and/or equipment that would normally not be with the child(ren), it is that parent's responsibility to check to see if the child(ren) have such clothing and/or equipment with the other parent, to ask that the clothing and/or equipment travels with the child(ren), and to ensure that the clothing and/or equipment returns the same with the child(ren).
- Each parent shall 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 shall 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: \_\_\_\_\_.
- Any violation of these terms will result in the immediate termination of that parent's contact with the child(ren).

- Relationships between the child(ren) and relatives and family friends on both sides of the family shall be protected and encouraged. The parents shall have their child(ren) maintain ties with both the maternal and paternal relatives. In Montana, grandparents have a legal right to request a court to order reasonable visitation with their grandchild(ren), if it is in the best interest(s) of the child(ren). Usually the child(ren) will visit with the paternal relatives during times the child(ren) are with their father and with the maternal relatives during times they are with their mother.

**9. Decision Making**

**a. Day-to-Day Decisions**

Each parent shall be authorized to make decisions regarding the day-to-day care and control of the child(ren) while the child(ren) are residing with that parent, unless or except as provided below (Choose All That Apply):

- Sole decision making shall be granted to the  Mother  Father for the following reasons: \_\_\_\_\_  
\_\_\_\_\_.

- Major decisions concerning the child(ren)'s education shall be made by  the Mother  the Father  both parents jointly.
- Major decisions concerning the non-emergency health care of the child(ren) shall be made by  the Mother  the Father  both parents jointly.
- Major decisions concerning the spiritual development of the child(ren) shall be made by  the Mother  the Father  both parents jointly.
- 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: \_\_\_\_\_

**b. 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).

**10. Access to Information**

- a. 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, counseling records, medical and dental records.
- b. As required by M.C.A. § 40-4-204(6)(a), both parents shall update each other and the Court with written notice of changes to the following information:
  - (i) Residential and mailing addresses;
  - (ii) Telephone number;
  - (iii) Social Security number;
  - (iv) Driver’s license number;
  - (v) Name, address, and phone number of employers;
  - (vi) Health insurance coverage for the child(ren);
  - (vii) Health insurance available through either parent’s employer which could cover the minor child(ren).

It is appropriate that the personal information of the  Mother  Father shall remain confidential and shall not be provided to the other parent because:

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

**11. Residential Changes**

As required by M.C.A. § 40-4-217, if a parent’s change in residence will significantly affect the other parent’s contact with the child(ren), written notice shall be served personally or sent by certified mail to the other parent not less than 30 days before the proposed change in residence and must include a proposed revised residential schedule. Proof of service must be filed with the court that adopted the parenting plan. Failure of the parent who receives notice to respond to the written notice or to seek amendment of the residential schedule within the 30-day period constitutes acceptance of the proposed revised residential schedule.

**12. Review of Parenting Plan (Optional)**

The parents will review this parenting plan at the following times:

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

**13. Dispute Resolution**

The following shall apply when disputes arise between the parents in carrying out or amending this parenting plan (Choose One):

- No alternative dispute resolution process, except court action, shall apply unless ordered at the discretion of the Court.
- No alternative dispute resolution process is appropriate. The following limiting factors exist, as provided in M.C.A. § 40-4-219(9) (Choose All That Apply):
  - This is a case of physical abuse or threat of physical abuse by one parent against the other parent or the child(ren).
  - A parent has been convicted of deliberate homicide, mitigated deliberate homicide,

sexual assault, sexual intercourse without consent, deviate sexual conduct with an animal, incest, aggravated promotion of prostitution of a child, endangering the welfare of children, partner or family member assault, or sexual abuse of children.

or

- a. Disputes between the parents shall be submitted to mediation, counseling, or arbitration by: \_\_\_\_\_.
- b. The cost of this process shall be allocated between the parents as follows (Choose One):
- Based on each parent's proportional share of income as determined from the child support worksheet.
  - As determined in the dispute resolution process.
  - Mother: \_\_\_\_\_ % , Father: \_\_\_\_\_%.
- c. A parent will begin the dispute resolution process by notifying the other parent by written request sent by certified mail.
- d. In the dispute resolution process:
- (i) Preference shall be given to carrying out this parenting plan.
  - (ii) Unless an emergency exists, the parents shall use the designated process to resolve disputes relating to implementation of the plan, except those related to financial support.
  - (iii) A written record shall be prepared of any agreement or arbitration award reached in counseling or mediation, and a copy shall be provided to each parent.
  - (iv) If the court finds that a parent has used or frustrated the dispute resolution process without good reason, the court may award attorney's fees and financial sanctions to the other parent.
  - (v) The parents have the right of review from the dispute resolution process to the district court.

**14. Other Provisions:**

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**15. Child Support:** The parties agree to the proposed child support order attached as Exhibit "B."

**16. Medical Support:** The parties agree to the proposed medical support order attached as Exhibit "C."

**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.**

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

\_\_\_\_\_  
Petitioner, *Pro se*

STATE OF MONTANA )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Seal) \_\_\_\_\_  
Name (*printed*): \_\_\_\_\_  
Notary Public for the State of Montana  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

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

\_\_\_\_\_  
Respondent, *Pro se*

STATE OF MONTANA )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Seal) \_\_\_\_\_  
Name (*printed*): \_\_\_\_\_  
Notary Public for the State of Montana  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

## ATTACHMENT “B” CHILD SUPPORT ORDER

- a. The  Mother  Father shall pay \$\_\_\_\_\_ per month per child.  
This amount:  
 is in accordance with the Montana Child Support Guidelines.  
 varies from the Montana Child Support Guidelines.  
(Attach the calculations done according to the Montana Child Support Guidelines.)
- b. The first payment is due the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, with subsequent payments to be made on the \_\_\_\_ day of each month thereafter.

Payments should continue until such time as each child reaches the age of 18 years and has completed high school, or attained the age of 19 years, or is emancipated by court order, whichever shall first occur.

- c. Payments should be made to (Choose One):
- The Child Support Enforcement Division.  
The parties  request  do not request income withholding.
- Missoula County Clerk of Court, 200 West Broadway, Missoula, MT 59802.

<b>WARNING: If a parent is delinquent in payments, that parent’s income may be subject to income withholding procedures under MCA Title 40, Chapter 5, without need for any further action by the Court. Support is delinquent when it is 8 days overdue.</b>
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- d. Whenever the case is receiving services under Title IV-D of the Social Security Act, support payments must be paid through the Department of Public Health and Human Services Child Support Enforcement Division as provided in M.C.A. § 40-5-909.
- e. This order is subject to review and modification by the Department of Public Health and Human Services upon the request of the Department or a party under M.C.A. §§ 40-5-271 through 40-5-273, when the Department is providing services for enforcement under Title IV-D of the Social Security Act.
- f. The obligations to provide financial child support, provide medical care for a child, and provide or comply with parenting arrangements shall be independent of each other, and the failure or inability to provide one or more shall not reduce any other obligation.
- g. Each party should promptly inform the Court of any changes in the following information:
- (i) Name, social security number, mailing address, residential address, telephone number, and driver’s license number; and

(ii) Names, addresses, and telephone numbers of current employers

**WARNING: In any subsequent child support enforcement action, on sufficient showing of diligent efforts to locate the party, due process requirements for notice and service may be met by delivering written notice by regular mail to the last address of the party or the party's employer reported to the Court.**

## ATTACHMENT "C" MEDICAL SUPPORT

### 1. Existing Coverage

- The child(ren) are presently covered under the following insurance plan:  
Carrier Name: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

The  Mother  Father shall continue to provide medical coverage through the 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.

- The child(ren) are recipient(s) of medical assistance under Title XIX of the Federal Social Security Act (Medicaid).
- The child(ren) are not covered under an existing insurance plan.

### 2. 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 Mother shall provide medical coverage through individual insurance or a health benefit plan for the child(ren), as long as it is available at reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.
- b. The Father shall provide medical coverage through individual insurance or a health benefit plan for the child(ren), as long as it is available at reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.
- c. If health benefit plans are available to both parties at a combined cost that is reasonable or cost-beneficial and with benefits that are complementary or compatible as primary and secondary coverage, both parties shall provide coverage for the child(ren).
- d. Coverage is presumed to be available at reasonable cost if the cost of premiums does not exceed 25 percent of the obligated party's total child support obligation when calculated under the child support guidelines without credit for the medical support obligation.

- e. If circumstances change and a party believes that corresponding changes in cost are not reasonable or cost-beneficial, the party may move to petition any appropriate tribunal for relief.

### **3. Duties of the Parties**

- a. The Mother shall be responsible for \_\_\_\_% and the Father shall be responsible for \_\_\_\_% of all medical expenses of the minor child(ren), including the costs of the premium for coverage, all co-payments and deductibles required for coverage, and any uncovered medical expenses.
- b. Each party shall promptly execute and deliver to the insurance provider all forms necessary to ensure the child(ren)'s continuous participation in insurance coverage. Each party shall timely submit claims for processing, verification, and payment. Each party shall provide the other party with identification cards or other methods for access to coverage.
- c. If a party receives a reimbursement but did not pay the underlying bill, that party shall promptly pay over the proceeds to the proper party.
- d. If the party responsible for providing medical insurance coverage for the child(ren) allows such coverage to lapse without securing a comparable replacement, that party shall be liable for all the child(ren)'s medical expenses and shall indemnify the other party, the Department of Public Health and Human Services, or any third-party custodian for the cost of obtaining medical coverage and medical expenses.
- e. Any liability for unpaid medical costs and expenses may be entered as a judgment for unpaid support against the obligated party. A party may apply to the Court for expedited enforcement procedures.
- f. If an obligated party fails to pay a required premium, the other parent, the Department of Public Health and Human Services, or the custodian may advance the cost of premiums and keep benefits continually in force for the child. The advance should be entered as a judgment for unpaid child support in favor of the advancing party and against the obligated parent.
- g. The obligation to provide medical coverage for the child(ren) ceases only when the child support obligation ceases.
- h. The costs of providing individual insurance or a health benefit plan may not be used as a direct offset to the child support obligation. However, as provided by the child support guidelines, the costs may be considered in making or modifying a child support order.

- i. Each party shall promptly inform the Court of any changes in the following information:
  - (i) If the child(ren) are covered by a health or medical insurance plan, the name of the plan, the policy identification number, and the name(s) of the person(s) covered;
  - (ii) If the child(ren) are not covered by a health or medical insurance plan, whether health insurance coverage for the child(ren) is available through the party's employer or other group, and if so, whether the employer or other group pays any portion of the coverage premium.
  
- j. A civil penalty not to exceed \$25 per day may be imposed for an intentional violation of this medical support order or the provisions of M.C.A Title 40, Chapter 5, Part 8 or the regulations promulgated under that Part.
  
- k. If medical insurance is available for minor children through a parent's employer, this Order will allow automatic enrollment without any need for further court order.

**WARNING: The obligations to provide medical care, provide financial child support, and provide or comply with visitation and custody arrangements are independent of each other, and the failure or inability to provide one or more does not reduce any other obligation.**

4. Other Provisions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fourth Judicial District  
 Missoula County Courthouse  
 200 West Broadway  
 Missoula, Montana 59802  
 (406) 258-4780

**MONTANA FOURTH JUDICIAL DISTRICT COURT,  
 MISSOULA COUNTY**

In re the Parenting of: _____, Initials of minor child(ren) _____, Co-Petitioner, and _____, Co-Petitioner.	CAUSE NO. _____ DEPT. NO. _____  <b>ORDER TO ATTEND MANDATORY                  PARENTING PLAN ORIENTATION</b>
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Pursuant to Family Law Section 40-4-226 MCA the Judges of the Fourth Judicial District have determined that “it is in the best interest of the child(ren)” that the parties involved in the dissolution of marriage, the establishment of a Parenting Plan or the amendment of a Parenting Plan (including child support or other actions) attend a PARENTING PLAN ORIENTATION program. This orientation, a free service of the Court, is mandatory for both parents. Information pertaining to your Orientation is as follows:

Date: Thursday, \_\_\_\_\_  
 Time: 4:30 p.m. (Orientation will conclude by 6:00 p.m.)  
 Location: Courtroom #3  
**Third Floor County Courthouse (Old Part of Bldg.)**  
 200 West Broadway  
 Missoula, Montana

A District Court Judge or Standing Master will preside over this Orientation along with other facilitators. Your Decree of Dissolution or Final Parenting Order will not be entered until you attend this orientation. **Therefore, failure to attend this orientation could result in the delay of entry of your Decree of Dissolution.**

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

\_\_\_\_\_  
SHIRLEY E. FAUST  
CLERK OF THE DISTRICT COURT

(COURT SEAL)

By \_\_\_\_\_  
Deputy Clerk

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MOTHER, PETITIONER PRO SE

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FATHER, PETITIONER PRO SE

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
 MISSOULA COUNTY**

<p>In re the Parenting of:</p> <p>_____,          Initials of minor child(ren)</p> <p>_____,          Co-Petitioner,</p> <p>and</p> <p>_____,          Co-Petitioner.</p>	<p>Cause No.: _____          Department No. _____</p> <p><b>STATUTORY NOTICE TO CSED</b></p>
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**TO: THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES**

1. Pursuant to the requirements of Montana Code Annotated §40-5-202(5), you are hereby notified that the foregoing action involves one or more of the following issues: Paternity, termination of parental rights, establishment, enforcement, or modification of a child support obligation or establishment, enforcement or modification of a medical support order.

2. The proceeding may involve a party for whom the Department is or has been providing Title IV-D services.
3. The names of the parties, their last known addresses and social security numbers (if known) are as follows:

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4. The name of the child(ren), last known addresses and social security number (if known) are as follows:

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5. The Department may:

- (i) decline to enter the proceeding as a party, in which case the proceeding may continue without the department's participation;
- (ii) inform the tribunal that a substantial interest of the department could be adversely affected by the proceeding, in which case the proceeding may not continue without joining the department as a necessary party in the manner provided in the Montana Rules of Civil Procedure; or
- (iii) inform the tribunal that prior to the filing of the proceeding, the department initiated an administrative proceeding under this chapter in which the parties and some or all of the issues are the same as those in the proceeding before the tribunal. The tribunal shall then discontinue the proceeding as to the common issues until administrative remedies have been exhausted.

Montana Code Annotated 40-5-202(5).

6. This Notice is to be served personally upon the Department. The Department has twenty (20) days following service to act.

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

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PETITIONER – WIFE

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PETITIONER - HUSBAND

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the foregoing document was sent by U.S. Mail, postage prepaid, addressed to:

State of Montana  
Department of Public Health & Human Services  
Child Support Enforcement Division  
2675 Palmer Street - Suite C  
Missoula, MT 59808

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

\_\_\_\_\_  
Signature

Name

Address

City State Zip Code

Phone Number

Email Address

MOTHER, PETITIONER PRO SE

Name

Address

City State Zip Code

Phone Number

Email Address

FATHER, PETITIONER PRO SE

MONTANA FOURTH JUDICIAL DISTRICT COURT
MISSOULA COUNTY

Table with 2 columns: Case details (Cause No., Department No.) and Department of Public Health & Human Services Declination to Enter Proceeding as a Party.

COMES NOW, \_\_\_\_\_, Counsel for the Department of Public Health and Human Services, to declare that the Department of Public Health and Human Services hereby declines to enter the foregoing proceedings as a party and consents that the proceeding may continue without the Department's participation.

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

Counsel, Dept. of Public Health & Human Services

\_\_\_\_\_  
(Date)

Department of Public Health & Human Services  
Child Support Division - Attn: Legal Counsel  
2675 Palmer Street - Suite C  
Missoula MT 59808

RE: Notice of Proceeding

Dear Sir:

I am enclosing a copy of the following:

- § Statutory Notice to DPHHS
- § Department Declination to Enter Proceedings as a Party
- § Acceptance of Service

Please sign the Acceptance of Service and ask your staff to check the records and determine whether the Department has ever provided services to these parties. Please return the acknowledgment to me. For your convenience, I have enclosed a self-addressed stamped envelope.

Please call me if the Department did indeed provide services or you have any questions about the proceeding. Thank you.

Sincerely,

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)



Name

Address

City State Zip Code

Phone Number

Email Address

MONTANA FOURTH JUDICIAL DISTRICT COURT, MISSOULA COUNTY

In re the Parenting of:

\_\_\_\_\_, minor child(ren)

\_\_\_\_\_, Co-Petitioner,

and

\_\_\_\_\_, Co- Petitioner.

Dept. No.:

Cause No.:

REQUEST FOR HEARING AND ORDER SETTING HEARING ON FINAL DECREE

The Petitioners, \_\_\_\_\_, appearing Pro Se, respectfully request a hearing in the above-titled matter. The Petitioners request that the hearing be set on \_\_\_\_\_, at \_\_\_\_\_ am/pm. Petitioners estimates the length of the hearing will be \_\_\_\_\_ minutes and intends to call \_\_\_\_\_ witness(es).

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

\_\_\_\_\_  
Petitioner Pro Se

\_\_\_\_\_  
Petitioner Pro Se

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Hon. \_\_\_\_\_  
District Judge, Dept. No. \_\_\_\_\_  
Fourth Judicial District  
Missoula County Courthouse  
200 West Broadway  
Missoula, MT 59802  
406-258-4780  
406-258-4899 (fax)

**ORDER SETTING HEARING**

Hearing is set on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ am/pm  
by order of the Court.

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

\_\_\_\_\_  
District Court Judge

HON. \_\_\_\_\_  
Fourth Judicial District  
Missoula County Courthouse  
200 West Broadway  
Missoula, Montana 59802  
(406) 258-4780  
Fax (406) 258-4899

FORM #239

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
MISSOULA COUNTY**

In re the Parenting of: _____, Minor Child(ren),  _____, Co-Petitioner, and  _____, Co-Petitioner.	Cause No.: _____  Department No.: _____  <b>FINDINGS OF FACT, CONCLUSIONS OF LAW AND FINAL DECREE ESTABLISHING PERMANENT PARENTING PLAN</b>
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The Joint Petition for Establishment of Permanent Parenting Plan filed herein on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, came for hearing this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

The parties appeared *pro se*.

After considering all evidence and pleadings, the Court finds:

**FINDINGS OF FACT**

1. The parties were never married, but were involved in a relationship from (dates) \_\_\_\_\_ until \_\_\_\_\_.
2. At least one Petitioner has been domiciled within the state of Montana for at least ninety (90) days prior to the filing of this action.
4. The co-Petitioner's are herein referred to as "Mother" and "Father" of the following minor children:

Name (first and last)	Age	State of residence for last 6 months

5. Choose One:

- The child(ren) has/have lived in Montana for at least six consecutive months immediately before the start of this proceeding. If a child is less than six months old, the child has lived in Montana since his/her birth.
- Montana was the home state of the child(ren) within six months of the start of this proceeding, and one parent continues to reside in Montana.
- The child(ren) and one parent have had significant connections to Montana, and substantial evidence about them is available here.
- The child(ren) is/are physically present in Montana, and the child(ren) has/have been abandoned or an emergency exists requiring the child(ren)'s protection.

6. The Parties have filed a Stipulated Proposal Parenting Plan that has been presented to this Court for examination and approval.

7. The  Mother  Father needs financial assistance from the  Mother  Father to support the minor child(ren).

Choose One:

- The  Mother  Father shall pay \$\_\_\_\_\_ per month per child.  
This amount:  
 is in accordance with the Montana Child Support Guidelines.  
 varies from the Montana Child Support Guidelines.  
(Attach the calculations done according to the Montana Child Support Guidelines.)

**or**

- Child support in the amount of \$ \_\_\_\_\_ per month per child has been established by the Montana Child Support Enforcement Division or another appropriate administrative agency or court. A copy of this Order is attached hereto as Exhibit \_\_\_.

8. Choose One:

A Medical Support Order has been established by the Montana Child Support Enforcement Division or another appropriate administrative agency or court. A copy of this Order is attached hereto as Exhibit \_\_\_\_.

**or**

Medical support is needed to cover the medical and dental expenses of the minor child(ren) of the parties. Choose All That Apply:

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

The child(ren) are recipient(s) of medical assistance under Title XIX of the Federal Social Security Act (Medicaid).

The child(ren) is/are not covered under an existing insurance plan.

9. The Department of Public Health and Human Services  is  is not providing services to the parties or minor child(ren) of the parties under the provisions of Title IV-D of the Social Security Act.

(Choose One:)

If so, the Montana Child Support Enforcement Division was served with a copy of the Petition in this action and has acknowledged service, a copy of which is filed with the Court.

This action does not establish, enforce, or modify the parties' previously established child support order.

10. Other Provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FROM the above Findings of Fact, the Court makes the following:

**CONCLUSIONS OF LAW**

1. The Court has jurisdiction over this cause.

2. The Parties Stipulated Parenting Plan is attached as Exhibit "A" is in the best interest(s) of the minor child(ren) and should be incorporated as the Final Parenting Plan into this Decree.

3. Choose One:

The Child Support Order attached hereto as Exhibit \_\_\_\_\_ is a valid order for the child support of the minor child(ren) of the parties.

**or**

The  Mother  Father is entitled to \$\_\_\_\_\_ per month per child as child support to be paid according to the provisions of the final Child Support Order, as stated below.

4. Choose One:
- The previously established Medical Support Order attached as Exhibit \_\_\_\_ is a valid order for the medical support of the minor child(ren) of the parties.
  - or**
  - The best interest(s) of the minor child(ren) require medical coverage according to the provisions of the final Medical Support Order, as stated below.

5. Other Provisions:

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FROM the above Findings of Fact and Conclusions of Law, the Court orders the following:

**DECREE**  
**ESTABLISHING PERMANENT PARENTING PLAN**

**1. Parenting Plan.**

- The Parties Stipulated Parenting Plan is adopted by this Court as the Final Parenting Plan and made an integral part of this Decree.

**2. Child Support Order.**

- The Court acknowledges that a valid Child Support Order has already been established by the Montana Child Support Enforcement Division or another appropriate administrative agency or court. A copy of the Order is attached as Exhibit \_\_\_\_\_.
- or**
- The Court adopts the attached Child Support Order for the support of the minor child(ren) of the parties -- See Exhibit "B."

**3. Medical Support Order.**

- A Medical Support Order has been established by the Montana Child Support Enforcement Division or another appropriate administrative agency or court. A copy of the Order is attached as Exhibit \_\_\_\_\_.
- or**
- Medical support is needed to cover the medical and dental expenses of the minor child(ren) of the parties. The Court adopts the attached Medical Support Order -- See Exhibit "C."

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

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

**EXHIBIT “B”**  
**CHILD SUPPORT ORDER**

- a. The  Mother  Father shall pay \$\_\_\_\_\_ per month per child.  
This amount:  
 is in accordance with the Montana Child Support Guidelines.  
 varies from the Montana Child Support Guidelines.  
(Attach the calculations done according to the Montana Child Support Guidelines.)
- b. The first payment is due the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, with subsequent payments to be made on the \_\_\_\_ day of each month thereafter.

Payments should continue until such time as each child reaches the age of 18 years and has completed high school, or attained the age of 19 years, or is emancipated by court order, whichever shall first occur.

- c. Payments should be made to (Choose One):
- The Child Support Enforcement Division.  
The parties  request  do not request income withholding.
- Missoula County Clerk of Court, 200 West Broadway, Missoula, MT 59802.

**WARNING: If a parent is delinquent in payments, that parent’s income may be subject to income withholding procedures under MCA Title 40, Chapter 5, without need for any further action by the Court. Support is delinquent when it is 8 days overdue.**

- d. Whenever the case is receiving services under Title IV-D of the Social Security Act, support payments must be paid through the Department of Public Health and Human Services Child Support Enforcement Division as provided in M.C.A. § 40-5-909.
- e. This order is subject to review and modification by the Department of Public Health and Human Services upon the request of the Department or a party under M.C.A. §§ 40-5-271 through 40-5-273, when the Department is providing services for enforcement under Title IV-D of the Social Security Act.
- f. The obligations to provide financial child support, provide medical care for a child, and provide or comply with parenting arrangements shall be independent of each other, and the failure or inability to provide one or more shall not reduce any other obligation.
- g. Each party should promptly inform the Court of any changes in the following information:
- (i) Name, social security number, mailing address, residential address, telephone number, and driver’s license number; and

(ii) Names, addresses, and telephone numbers of current employers

**WARNING: In any subsequent child support enforcement action, on sufficient showing of diligent efforts to locate the party, due process requirements for notice and service may be met by delivering written notice by regular mail to the last address of the party or the party's employer reported to the Court.**

## **ATTACHMENT “C” MEDICAL SUPPORT**

### **1. Existing Coverage**

- The child(ren) are presently covered under the following insurance plan:  
Carrier Name: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

The  Mother  Father shall continue to provide medical coverage through the 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.

- The child(ren) are recipient(s) of medical assistance under Title XIX of the Federal Social Security Act (Medicaid).

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

### **2. 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 Mother shall provide medical coverage through individual insurance or a health benefit plan for the child(ren), as long as it is available at reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.
- b. The Father shall provide medical coverage through individual insurance or a health benefit plan for the child(ren), as long as it is available at reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.
- c. If health benefit plans are available to both parties at a combined cost that is reasonable or cost-beneficial and with benefits that are complementary or compatible as primary and secondary coverage, both parties shall provide coverage for the child(ren).
- d. Coverage is presumed to be available at reasonable cost if the cost of premiums does not exceed 25 percent of the obligated party's total child support obligation when calculated under the child support guidelines without credit for the medical support obligation.

- e. If circumstances change and a party believes that corresponding changes in cost are not reasonable or cost-beneficial, the party may move to petition any appropriate tribunal for relief.

### **3. Duties of the Parties**

- a. The Mother shall be responsible for \_\_\_\_% and the Father shall be responsible for \_\_\_\_% of all medical expenses of the minor child(ren), including the costs of the premium for coverage, all co-payments and deductibles required for coverage, and any uncovered medical expenses.
- b. Each party shall promptly execute and deliver to the insurance provider all forms necessary to ensure the child(ren)'s continuous participation in insurance coverage. Each party shall timely submit claims for processing, verification, and payment. Each party shall provide the other party with identification cards or other methods for access to coverage.
- c. If a party receives a reimbursement but did not pay the underlying bill, that party shall promptly pay over the proceeds to the proper party.
- d. If the party responsible for providing medical insurance coverage for the child(ren) allows such coverage to lapse without securing a comparable replacement, that party shall be liable for all the child(ren)'s medical expenses and shall indemnify the other party, the Department of Public Health and Human Services, or any third-party custodian for the cost of obtaining medical coverage and medical expenses.
- e. Any liability for unpaid medical costs and expenses may be entered as a judgment for unpaid support against the obligated party. A party may apply to the Court for expedited enforcement procedures.
- f. If an obligated party fails to pay a required premium, the other parent, the Department of Public Health and Human Services, or the custodian may advance the cost of premiums and keep benefits continually in force for the child. The advance should be entered as a judgment for unpaid child support in favor of the advancing party and against the obligated parent.
- g. The obligation to provide medical coverage for the child(ren) ceases only when the child support obligation ceases.
- h. The costs of providing individual insurance or a health benefit plan may not be used as a direct offset to the child support obligation. However, as provided by the child support guidelines, the costs may be considered in making or modifying a child support order.

- i. Each party shall promptly inform the Court of any changes in the following information:
  - (i) If the child(ren) are covered by a health or medical insurance plan, the name of the plan, the policy identification number, and the name(s) of the person(s) covered;
  - (ii) If the child(ren) are not covered by a health or medical insurance plan, whether health insurance coverage for the child(ren) is available through the party's employer or other group, and if so, whether the employer or other group pays any portion of the coverage premium.
  
- j. A civil penalty not to exceed \$25 per day may be imposed for an intentional violation of this medical support order or the provisions of M.C.A Title 40, Chapter 5, Part 8 or the regulations promulgated under that Part.
  
- k. If medical insurance is available for minor children through a parent's employer, this Order will allow automatic enrollment without any need for further court order.

**WARNING: The obligations to provide medical care, provide financial child support, and provide or comply with visitation and custody arrangements are independent of each other, and the failure or inability to provide one or more does not reduce any other obligation.**

4. Other Provisions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name  
Address  
City State Zip Code  
Phone Number  
Email Address

MONTANA FOURTH JUDICIAL DISTRICT COURT  
MISSOULA COUNTY

<p>In re the Parenting of:</p> <p>_____, Initials of minor child(ren)</p> <p>_____, Co-Petitioner,</p> <p>and</p> <p>_____, Co-Petitioner.</p>	<p>Cause No.: _____</p> <p>Department No. _____</p> <p><b>NOTICE OF ENTRY OF DECREE</b></p>
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Notice is hereby given that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Court entered a Final Decree Establishing Parenting Plan in the above-entitled action. A true and correct conformed copy of the Final Decree Establishing Parenting Plan is served upon you with this notice.

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

\_\_\_\_\_  
Petitioner *Pro se*

# INSTRUCTIONS

FORM # 241

**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)	
Dissolution of Marriage	Legal Separation with Child Support Order	
County that Issued Marriage License _____	Dependent Neglect / Juvenile Delinquency	
City, County, State of Marriage _____	Invalid Marriage - Specify Legal Grounds for Action	
Date of Marriage _____	_____	
With Child Support Order	_____	
Without Child Support Order (Complete Parts 1, 2 & 9 only)	_____	
Modification of Child Support Order	_____	

1	<b>Mother/Wife:</b>	Payer	Payee	Both	N/A	Maiden Name: _____	
Name: _____ SSN: _____ Telephone: (____) _____							
		Last	First	Middle/Suffix			
Mailing Address: _____							
		Street				City	State
Residential Address (if different from above): _____							
Date of Birth: _____ Place of Birth: _____							
State / Foreign Country							
Driver's License # / State _____ Occupation: _____							
Number of this marriage (1st, 2nd, etc.): _____ Date, City & State of previous marriage(s): _____							

2	<b>Father/Husband:</b>	Payer	Payee	Both	N/A		
Name: _____ SSN: _____ Telephone: (____) _____							
		Last	First	Middle/Suffix			
Mailing Address: _____							
		Street				City	State
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	<b>Names of Children Included in the Support Order</b>						Residing
	<u>Last</u>	<u>First</u>	<u>Middle</u>	Date of Birth	Sex	SSN	With **
	_____	_____	_____	_____	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\* \_\_\_\_\_

(\*list amounts if included in judgment)

**Child Support:** \$ \_\_\_\_\_ per \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Medical Support:** \$ \_\_\_\_\_ per \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
**Spousal Support:** \$ \_\_\_\_\_ per \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Alimony)

Is payer 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": \$ \_\_\_\_\_

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:  
                     Father's employer?    Yes    No                                      Mother's 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 Payers: Complete Parts 10 and 11 only if the order requires both parties to pay support.**

10 **Mother's Employer/Income Source Information:** Provide information about the mother's employment or periodic source of income. (Attach additional pages if needed.)

\_\_\_\_\_  
 Name of Employer or Source of Income Telephone  
 \_\_\_\_\_  
 Street City State Zip

**Father's Employer/Income Source Information:** Provide information about the father's employment or periodic source of income. (Attach additional pages if needed.)

\_\_\_\_\_  
 Name of Employer or Source of Income Telephone  
 \_\_\_\_\_  
 Street City State Zip

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

**Mother'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\* \_\_\_\_\_ Fees\* \_\_\_\_\_

Interest\* \_\_\_\_\_

(\*list amounts if included in judgment)

**Child Support:** \$ \_\_\_\_\_ per \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Medical Support:** \$ \_\_\_\_\_ per \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Spousal Support:** \$ \_\_\_\_\_ per \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Alimony)

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\* \_\_\_\_\_ Fees\* \_\_\_\_\_

Interest\* \_\_\_\_\_

(\*list amounts if included in judgment)

**Child Support:** \$ \_\_\_\_\_ per \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Medical Support:** \$ \_\_\_\_\_ per \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Spousal Support:** \$ \_\_\_\_\_ per \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Alimony)

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": \$ \_\_\_\_\_