

# INSTRUCTIONS & CHECKLIST PACKET “B” -- JOINT DISSOLUTION (WITH CHILDREN)

## **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
- 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 financial account numbers, use this format: **ending in the last four digits of 1234**.
- 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. STARTING THE DIVORCE PROCESS ---- “DISSOLUTION”:**

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

This packet is to be used when the parties can AGREE on child support issues, parenting plans, property settlement and distribution, 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 #14 Fill in every section. Both parties sign pages 14 & 15 in two places in front of a notary public. Notaries can be found at the Clerk of Court’s office, banks, law offices, etc.

- Form #15 Fill in every section. Both parties sign on pages 11 & 12 in front of a notary public. If you need assistance developing a parenting plan, read **Rule 12(f)** of the Fourth Judicial District Court Local Rules of Practice, which can be found via internet by clicking on “Local Rules” at: <http://www.co.missoula.mt.us/distcourt/>
- Form # 16 & 17 Wife and Husband each need to complete the form **before completing Form #18** and provide each other with a copy. Wife and Husband may also fill out one document together (either #16 or #17)
- Form # 18 After reviewing Forms 16 and/or 17, fill in every section. Both parties sign on page 6 in front of a notary public.

### STEP 2. -- Making Copies

- Make 2 copies of Form 14 (Petition)
- Make 2 copies of Documents #16-18. One copy will be for your own personal records, the other for your spouse.

### STEP 3. -- Filing Case With Clerk of Court.

- Bring the originals and two copies of every form (except #16 and/or #17) filled out in Step 1 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.
- \$200.00 Fee -- cash/money order/personal check (subject to change). If you cannot afford the fee, complete Form 27, 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.
- The Clerk will issue an order to attend mandatory Parenting Plan Orientation, Form 28. 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 separation and divorce.

## II. CHILD SUPPORT:

- If you have minor children, you **MUST** complete Steps 4 – 8 (whether or not you are receiving public assistance).
- If you need help with the computation of child support payments, check the Montana DPHHS website for more information and an application: <http://www.dphhs.mt.gov/csed/index.shtml> - OR - an application packet may be purchased at the Clerk of District Court’s office. You may also receive assistance with child support calculations at the Missoula Family Law Self-Help Center.

### STEP 4. -- Completing Child Support (CSED) Paperwork.

- Form #19 Complete and sign on pages 2 & 3.
- Form #20 Complete caption only.
- Form #21 Fill in date and sign letter to CSED.

### STEP 5. -- Making Copies.

- Make 3 copies of Form #19.
- Make 2 copies of Form #20 & 21.
- Set aside one copy to keep for yourself.

### STEP 6. -- Mailing CSED Paperwork.

- Mail the following to CSED:  
Form #20 & 21 -- Originals  
Form #19 -- Copy

Mailing Address: Montana D.P.H.H.S.  
Child Support Enforcement Division  
2675 Palmer Street - Suite C  
Missoula MT 59808

- Mail (or give) copies of Form #19 – 21 to your spouse.
- File original of Form #19 with the Clerk of Court.

#### STEP 7. -- CSED's Involvement.

- CSED will either decline to be involved, or you will be contacted by them for more information.

### III. FINAL PAPERWORK:

#### STEP 8. -- More Paperwork !!! (You're almost done!)

- Form #22 Complete caption only.
- Form #23 Complete - do not sign. The Judge will sign at the hearing.
- Form #24 Complete caption - do not sign.
- Form #25 Complete those sections you can. After the hearing you will be expected to **fully** complete the form.
- Form #26 Complete caption only.
- Form #29 If you are changing your name back to your former name as part of the divorce, complete this Order for Name Change. This will be a confidential document since it contains your birth date. This Order may then be used to change your name with various agencies such as the Dept. of Motor Vehicles, Social Security office, etc.
- Make 1 copy of Forms #22-29 for your records and 1 copy for your spouse.
- Make 2 extra copies of Form #23.
- Deliver the original of these forms and the 2 copies of Form #23 to the Clerk of Court, **with Form #26 on top.**
- You will be notified of the hearing date for the final decree of dissolution.

### IV. HEARING IN COURT:

You have chosen to represent yourself. Arrive at the courthouse early. While divorce can be very difficult and emotional, the Court expects the parties to be civil and remain focused on the legal issues. You have reached an agreement with your spouse and he/she has signed the Marital and Property Settlement Agreement wherein he/she consented to the entry of the final decree (Document #18, page 7). Both parties can attend the hearing on the final decree, but it is **NOT NECESSARY** that your spouse attend. You should be prepared to be sworn in, take the witness stand, and answer any questions asked of you by the Judge.

### VII. AFTER THE HEARING:

#### STEP 9. -- Final Paperwork.

- After the hearing, you must file Form 25 with the Clerk of Court.
- A filing fee of \$45 (subject to change) must be paid to the Clerk of Court before the Final Decree is filed. This fee is waived if the judge approved your Affidavit of Inability to Pay at the beginning of your case.
- 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 (Form #23). The Clerk's office will "conform" these copies (stamp them with the date) with the original without any cost. The Clerk should then certify the two copies (i.e. "make them official"). The cost for certification is \$2.00 each.
- Form #24 If you were the only one to attend the hearing on the final decree, then complete Form #24, sign, and mail a copy to your spouse, together with one copy of the Final Decree (Form #23) signed by the Judge. File original Form #24 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>**

- Form #29      If you are changing your name, you need a certified copy of Form # 9 after the judge signs it. You will take the certified copy of Form # 9 to the Department of Motor Vehicles and other agencies in order to change your name on your driver's license, social security card, bank accounts, etc. This is a confidential document and will be sealed in your court file

(Revision Date: 11/18/08)



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\_\_.

---

Co-Petitioner - Wife

---

Co-Petitioner - Husband

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

# PACKET "B"

## Joint Dissolution - With Children

### WORKSHEET

Begin by filling out the SENSITIVE DATA FORM

- \_\_\_\_\_ Form 14. Joint Petition for Dissolution (with children)
- \_\_\_\_\_ Form 15. Joint Proposal for Parenting Plan
- \_\_\_\_\_ Form 16. Final Declaration of Disclosure of Assets, Debts, Income & Expenses
- \_\_\_\_\_ Form 17. Final Declaration of Disclosure of Assets, Debts, Income & Expenses
- \_\_\_\_\_ Form 18. Marital & Property Settlement Agreement
- \_\_\_\_\_ Form 19. Statutory Notice to CSED
- \_\_\_\_\_ Form 20. DPHHS Declination to Enter Proceeding
- \_\_\_\_\_ Form 21. Cover Letter to CSED
- \_\_\_\_\_ Form 22. Order Adopting Parenting Plan as Final
- \_\_\_\_\_ Form 23. Findings of Fact, Conclusions of Law, and Final Decree
- \_\_\_\_\_ Form 24. Notice of Entry of Decree
- \_\_\_\_\_ Form 25. Vital Statistics Form & Instructions
- \_\_\_\_\_ Form 26. Request for Hearing and Order Setting Hearing on Final Decree
- \_\_\_\_\_ Form 27. Affidavit of Inability to Pay
- \_\_\_\_\_ Form 29. Order for Name Change

## What to Expect: An Overview of Divorce and Custody in Montana

1. Under Montana law, a divorce is called a "dissolution of marriage."
2. If you were never married but had children together, you will need a "parenting plan." This is the term used for custody proceedings.
3. You can only file for a parenting plan or a dissolution (which includes a parenting plan if you had children together) if Montana has jurisdiction. Generally, Montana has jurisdiction if the child has lived in Montana for at least six consecutive months immediately before filing your case. If the child is younger than six months old, the child must have lived in Montana since birth. For other circumstances, such as in cases where an emergency exists or the child has been abandoned in Montana, see the forms in the packets.
4. To get divorced in Montana, one of the spouses must have lived in Montana for at least 90 days. The proper Montana court to file your case in is located in the county where either you or your spouse have resided during the 90 days prior to filing your case. In addition,
  - a. You and your spouse must have lived separately and apart for a period of more than 180 days before filing for dissolution; **OR**
  - b. There are serious problems that affect your attitude(s) towards the marriage with no reasonable chance of reconciling.
5. Getting divorced is a lot more complicated than getting married and it can take several months before your divorce is final. If you are in agreement on all issues, filing a "joint petition" will speed up the process.
6. If you have property (real estate, automobiles, debts, etc.) or children, the divorce will be more complex. It helps if you and your spouse agree about the issues involving the property and the children.
7. It costs money to get divorced. There are court fees, copying costs and "service of process" costs. If you believe you cannot afford to pay the court fees, follow the instructions in the packet for the "Affidavit of Inability to Pay" which, upon review by a Judge, may result in all or part of your fees being waived.
8. If there are children involved, you will be required to attend Parenting Plan Orientation, a mandatory 90-minute program that provides an overview of community resources available to assist parents and children through the process of separation and divorce.

### THE PAPERWORK

There is a lot of paperwork involved in getting divorced and there are rules and deadlines to follow in preparing the papers. Some of the documents in a divorce and/or custody case are:

1. Summons and Petition

In Montana, unless you file a Joint Petition (Packets A or B), one spouse (called the "Petitioner") must start the divorce by writing a Summons and Petition and "serving" it on the other spouse (called the "Respondent"). See instructions in packets for specific rules for how to serve the documents.

## 2. Response

The spouse who received the Summons and Petition must read the documents and decide how to respond. If the spouse disagrees, the spouse writes and serves a Response.

3. Service of Process: If the other person in your case will not sign an Acknowledgment form saying they received the court papers, then you will have to pay to have the Sheriff or another person not connected to the case deliver the paperwork and sign a form saying that they delivered the papers to the other party.

## 4. Status Report to the Court, Mediation and Court Orders

If you indicate you and your spouse cannot agree in the "Status Report and Request for Court Action" form, the Court may issue an Order for a hearing to help resolve the problem. You may also be ordered to attend an "Intervention Conference" with a Standing Master or to attend mediation.

## 5. Final Divorce Document

The official name of your final divorce document is Findings of Fact, Conclusions of Law, and Final Decree of Dissolution. Once this document has been signed by a Judge, it is "entered" by the Clerk of Court as the Final Decree.

## GOING TO COURT

1. Where to go? This Missoula County Courthouse is located at 200 West Broadway, Missoula, MT. It's open Monday – Friday, 8:00 AM to 5:00 PM and is closed on all major holidays. To get to the courthouse, find the 200th block of West Broadway in the downtown area of Missoula. If you need driving directions, try visiting Google Maps at <http://maps.google.com>. They have a place where you can get driving directions to the courthouse from any location. If you need further assistance, please call the courthouse at 406-721-5700.

2. How often? The number of times you go to Court to see a Judge or Standing Master depends a lot on whether you and your spouse can agree on issues regarding your children, property and other matters. If you don't agree, things usually take longer to get resolved.

3. Courtroom Behavior. Appearing in court is a very important part of any legal case, and all parties are expected to arrive early, dress properly, and act respectfully. See Tips for Your Day in Court.

## TIPS FOR YOUR DAY IN COURT

1. Don't Miss Your Court Date. Court is not an appointment that can be missed or rescheduled. If you don't show up, you will likely lose the case by default. If you have a serious reason why you cannot go to court on the assigned day, call the Judge's clerk at the Clerk of Court's office. Usually you need to file papers requesting a change, or get the other side to agree to change the date.
2. If you are the Respondent in a case (someone else started the case) and you agree with the other side's requests or don't have any defense, you may think there is no point in going to court. Not going can be dangerous because you might not fully understand everything that can or will be ordered in your absence.
3. Allow Plenty of Time to Get to Court. You should arrive at the courtroom 30 minutes before your hearing time. Consider the traffic, weather, parking or frequency of the bus and allow plenty of extra time. You are not allowed to carry any weapons in the courthouse.
4. Bring your files. You should have a file with copies of all papers you and the other side have filed with the court, or given to each other.
5. Dress nicely and take your hat off.
6. Do not bring children. Unless the court has told you to bring your children to the hearing, make arrangements for someone to take care of your children if possible.
7. Proper conduct in the courtroom. Certain behaviors are not allowed because they are noisy, distracting or disrespectful. You cannot: chew gum, eat, read a newspaper, sleep, wear a hat, listen to earphones, carry a cell phone or pager unless it's turned off, have a camera or camera phone, or carry a weapon.
8. During the hearing you should listen carefully, ask permission of the Judge to speak, talk directly to the Judge and not the other side, avoid arguing with or interrupting another person, and control your emotions. When you talk to the Judge, start by saying "Your Honor". Speak loudly and clearly and remember that only one person can speak at a time.
9. Before you leave court make sure you understand what happens next. Do you need to come back for another court hearing? Do you need to take other steps or actions? Will the Judge make an order as a result of the hearing? Politely ask questions if you do not understand what will happen next.

\_\_\_\_\_  
Name

FORM #27

\_\_\_\_\_  
Address

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

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

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

**In the Marriage of:**  
\_\_\_\_\_,  
**Co-Petitioner,**  
**vs.**  
\_\_\_\_\_,  
**Co-Petitioner.**

Dept. \_\_\_\_\_  
Cause No. \_\_\_\_\_

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

[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 \_\_\_\_\_ Plaintiff, \_\_\_\_\_ Petitioner 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 \_\_\_\_\_

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  
Mineral County Courthouse  
PO Box 129  
Superior, Montana 59872  
Phone:(406) 822-3538  
Fax: 406-822-3822

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

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

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

1 \_\_\_\_\_  
2 Name

3 \_\_\_\_\_  
4 Address

5 \_\_\_\_\_  
6 City State Zip Code

7 \_\_\_\_\_  
8 Phone Number

9 **MONTANA FOURTH JUDICIAL DISTRICT COURT, MINERAL  
COUNTY**

10 In re the Marriage of:  
11 \_\_\_\_\_,  
12 Petitioner,  
13 and  
14 \_\_\_\_\_,  
15 Petitioner.

Dept. No:  
Cause No:

**REQUEST FOR HEARING  
AND ORDER SETTING  
HEARING ON FINAL  
DECREE**

16  
17 The Petitioner, \_\_\_\_\_, appearing Pro Se, respectfully  
18 requests a hearing in the above-titled matter. The Petitioner requests that the  
19 hearing be set on \_\_\_\_\_, at \_\_\_\_\_ am/pm. Petitioner  
20 estimates the length of the hearing will be \_\_\_\_\_ minutes and intends to call \_\_\_\_\_  
21 witness(es).

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

23  
24 \_\_\_\_\_  
25 Petitioner Pro Se

1 Hon. \_\_\_\_\_

2 District Judge, Dept. No. \_\_\_\_\_

3 Fourth Judicial District

4 Mineral County Courthouse

5 PO Box 129

6 Superior, MT 59802

7 Phone: 406-822-3538

8 Fax: 406-822-3822

9 **ORDER SETTING HEARING**

10 Hearing is set on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

11 am/pm by order of the Court.

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

13  
14  
15 \_\_\_\_\_  
16 District Court Judge  
17  
18  
19  
20  
21  
22  
23  
24  
25

# INSTRUCTIONS

FORM # 25

**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.



3 **Names of Children Included in the Support Order**

Last	First	Middle	Date of Birth	Sex	SSN	Residing 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 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*
<input type="checkbox"/> <b>Child Support:</b>	\$ _____ 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 (*list amounts if included in judgment)	* Fees*	Interest*
<input type="checkbox"/> <b>Child Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Medical Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Spousal Support:</b> (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

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

**Father's Support Obligation**

If applicable, arrears due at time of order: \$ \_\_\_\_\_

Check type of support and enter appropriate information

Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty* (*list amounts if included in judgment)	Fees*	Interest*
<input type="checkbox"/> <b>Child Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Medical Support:</b>	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> <b>Spousal Support:</b> (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

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

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

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

**Information from child support guidelines worksheet:**

**Mother:** "Income after Deductions": \$ \_\_\_\_\_ "Credit for Payment of Expenses": \$ \_\_\_\_\_  
**Father:** "Income after Deductions": \$ \_\_\_\_\_ "Credit for Payment of Expenses": \$ \_\_\_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Phone Number

FORM # 24

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner, and _____, Petitioner.</p>	<p>Cause No.: _____ Department No. _____  <input type="checkbox"/> Wife's <input type="checkbox"/> Husband's  <b>NOTICE OF ENTRY OF DECREE</b></p>
--	--

Notice is hereby given that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Court entered a Final Decree of Dissolution in the above-entitled action. A true and correct conformed copy of the Final Decree of Dissolution is attached to this Notice and served upon you.

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

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

HON. \_\_\_\_\_  
District Judge - Dept. No. \_\_\_\_  
Fourth Judicial District  
Mineral County Courthouse  
PO Box 129  
Superior, MT 59802  
Phone: 406-822-3538  
Fax: 406-822-3822

FORM # 23

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
MINERAL COUNTY**

In re the Marriage of:

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Petitioner.

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

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND  
FINAL DECREE OF DISSOLUTION**

The Joint Petition for Dissolution, filed herein on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
came for hearing this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The Petitioners appeared pro se.

After considering all evidence and pleadings, the Court finds:

**FINDINGS OF FACT**

1. The Petitioners, \_\_\_\_\_ (“Wife”) and \_\_\_\_\_ (“Husband”) have both signed a Joint Petition for Dissolution.
2. Choose One:  
 The parties were married on (*date*): \_\_\_\_\_. The marriage was registered in the County of \_\_\_\_\_, State of \_\_\_\_\_.  
 The parties were married at common law. The parties assumed a marital relationship by mutual consent and agreement and confirmed their marriage by cohabitation and public repute.
3. Choose One:  
 The parties separated on (*date*): \_\_\_\_\_.  
 The parties are not yet separated.

4. Choose One:
- The marriage is irretrievably broken in that there is serious marital discord which adversely affects the attitude of one of the parties towards the marriage, and there is no reasonable prospect of reconciliation.
  - The marriage is irretrievably broken in that the parties have lived separate and apart for a period of more than one hundred eighty (180) days preceding the commencement of these proceedings, and there is no reasonable prospect of reconciliation.
5. The conciliation provisions of the Montana Conciliation law, M.C.A. §§ 40-3-101, et. seq., and § 40-4-107 do not apply.
6. At least one of the Petitioners has been domiciled within the state of Montana for at least ninety (90) days prior to the filing of this action.
7. There is / are \_\_\_\_ child(ren) of the marriage as follows:
- Name (first and last) \_\_\_\_\_ Age: \_\_\_\_
- Name (first and last) \_\_\_\_\_ Age: \_\_\_\_
- Name (first and last) \_\_\_\_\_ Age: \_\_\_\_
- Name (first and last) \_\_\_\_\_ Age: \_\_\_\_
- Name (first and last) \_\_\_\_\_ Age: \_\_\_\_
- If needed, attach additional sheets as Exhibit \_\_\_\_.
8. Choose One:
- The child(ren) 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.
9. The wife  is  is not pregnant with a child of this marriage.
10. Both Petitioners have signed and filed a Proposed Parenting Plan that has been presented to this Court for examination and approval.
11. The  Wife  Husband needs financial assistance from the  Wife  Husband to support the minor child(ren).

Choose One:

The  Wife  Husband 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 \_\_\_\_.

12. 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.

13. 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.

If so, the Montana Child Support Enforcement Division was served with a copy of the Petition in this action and have 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.

14. The Petitioners have waived the exchange of preliminary declarations of disclosure.

15. The Petitioners have complied with the final disclosure requirements of MCA. §40-4-253 & -254.

16. Choose One:

The parties do not own any real property.

**or**

The  Wife  Husband  both parties are the owner(s) of record of real property

located at \_\_\_\_\_

The legal description of the property is \_\_\_\_\_

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

17. Choose One:

The parties do not own any vehicles.

**or**

The parties own \_\_\_\_\_ vehicle(s).

18. The parties have accumulated household furnishings and other personal property during the course of their marriage. The personal property of the parties  has  has not already been divided.

19. Choose One:

There are no debts of the marriage.

The parties have accumulated debts during the course of their marriage.

20. Choose One:

The wife would like to be restored to her former name of \_\_\_\_\_

The wife does not want to be restored to her former name.

21. Other Provisions: \_\_\_\_\_

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

22. All of the other allegations of the Petitioners' complaint not inconsistent herewith are true, and the relief requested should be granted.

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

### **CONCLUSIONS OF LAW**

1. The Court has jurisdiction over this cause.

2. The marriage of the parties is irretrievably broken.

3. The Parties having waived the Preliminary Disclosure requirements of MCA §40-4-252 and complied with the Final Disclosure requirements of MCA §§40-4-253 and 40-4-254, the Court finds good cause to enter this Decree.

4. The Petitioners' Proposed Parenting Plan, filed separately, is in the best interest(s) of the minor child(ren) and should be incorporated as the Final Parenting Plan into this Decree.
  
5. Choose One:
  - The previously established 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  Wife  Husband is entitled to \$\_\_\_\_\_ per month per child as child support to be paid according to the provisions as stated below.
  
6. Choose One:
  - The previously established Medical Support Order attached hereto 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.
  
7. Based on the duration of the marriage and on the parties' age, health, education, skills, and financial circumstances, the Petitioners' proposed division of property and debts is equitable.
  
8. If requested, the wife should be restored to her former name.
  
9. Other Provisions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**DECREE OF DISSOLUTION OF MARRIAGE**

1. The marriage of the parties is hereby dissolved.
  
2. Final Parenting Plan. The Proposed Parenting Plan filed by the parties on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ is hereby adopted as the Final Parenting Plan and made an integral part of this Decree. The parties are ordered to perform the provisions of the Final Parenting Plan.
  
3. Child Support Order.
  - The Court acknowledges that a valid Child Support has already been established by the Montana Child Support Enforcement Division or another appropriate administrative agency or court. A copy of this Order is attached hereto.
  - or**
  - The Court adopts the attached Child Support Order for the support of the minor child(ren) of the parties -- See Attachment "B."
  
4. 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 Attachment "C."

5. Real Property. Choose One:

The parties do not own any real property.

The  Wife  Husband is hereby granted all right, title, and interest in the real property located at \_\_\_\_\_, with legal description of \_\_\_\_\_

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

The  Wife  Husband shall transfer his/her interest in this real property to the  Wife  Husband.

**or**

Describe the proposed distribution of the real property: \_\_\_\_\_

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

If needed, attach additional sheets as Exhibit \_\_\_\_.

6. Vehicles. Choose One:

The parties do not own any vehicles.

**or**

The parties' vehicle(s) shall be distributed as follows (*Please include the year, make, and model for each vehicle listed.*):

a. The Wife is awarded all right, title and interest in following vehicle(s):

Vehicle:	VIN#:
_____	_____
Vehicle:	VIN#:
_____	_____
Vehicle:	VIN#:
_____	_____

b. The Husband is awarded all right, title, and interest in the following vehicle(s):

Vehicle:	VIN#:
_____	_____
Vehicle:	VIN#:
_____	_____
Vehicle:	VIN#:
_____	_____

c. The parties shall transfer all right and title in said vehicle(s) to the appropriate party. If either party fails to transfer such right and title in the vehicle(s) within

twenty (20) days from the date of this Decree, the registrar of Motor Vehicles of the State of Montana is hereby ordered to issue sole title to the party awarded said vehicle(s) upon receipt of a certified copy of this Decree.  
 If needed, attach additional sheets as Exhibit \_\_\_\_\_.

7. Personal Property. Choose One:

Each party is hereby granted the exclusive right and title to the personal property currently in his or her possession.

**or**

Each party is hereby granted the exclusive right and title to the following personal property:

To Wife:

---



---



---



---

To Husband:

---



---



---



---

If needed, attach additional sheets as Exhibit \_\_\_\_\_.

8. Debts. Choose One:

There are no debts of the marriage.

The parties have accumulated debts during the course of their marriage. Each party shall be responsible for the debts currently in his or her name.

**or**

The parties have accumulated debts during the course of their marriage. The responsibility for the debts shall be distributed as follows:

To Wife:

Description of Debt	Creditor	Current Balance	Amount to Wife



## ATTACHMENT "B" CHILD SUPPORT ORDER

- a. The  Wife  Husband shall pay \$\_\_\_\_\_ per month per child.  
This amount:  
 is in accordance with the Montana Child Support Guidelines.  
 varies from 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.
- Mineral County Clerk of Court, PO Bos 129, Superior, MT 59872.

<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>
---

- 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HON. \_\_\_\_\_  
District Judge - Dept. No. \_\_\_\_  
Fourth Judicial District  
Mineral County Courthouse  
PO Box 129  
Superior, MT 59872  
Phone: 406-822-3538  
Fax: 406-822-3822

FORM # 22

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Petitioner.</p>	<p>Cause No.: _____ Department No. _____</p> <p><b>ORDER ADOPTING PROPOSED PARENTING PLAN AS THE FINAL PARENTING PLAN</b></p>
--	---

Having reviewed the parties' Proposed Parenting Plan, and finding it to be in the best interest of the minor child(ren), and for other good cause appearing,

IT IS HEREBY ORDERED that

1. The parties' Proposed Parenting Plan is adopted by this Court as the Final Parenting Plan, as it is in the best interests of the minor child(ren); and
2. The parties are ordered to abide by its provisions.

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

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

\_\_\_\_\_  
(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

WIFE, PETITIONER PRO SE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

HUSBAND, PETITIONER PRO SE

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Petitioner.</p>	<p>Cause No.: _____ Department No. _____</p> <p><b>DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES DECLINATION TO ENTER PROCEEDING AS A PARTY</b></p>
--	--

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

WIFE, PETITIONER PRO SE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

HUSBAND, PETITIONER PRO SE

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Petitioner.</p>	<p>Cause No.: _____ Department No. _____</p> <p><b>STATUTORY NOTICE TO CSED</b></p>
--	---

**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:

---

---

---

---

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

---

---

---

---

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\_\_\_\_.

\_\_\_\_\_  
PETITIONER – WIFE

\_\_\_\_\_  
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  
Mineral, MT 59808

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

WIFE, PETITIONER PRO SE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

HUSBAND, PETITIONER PRO SE

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Petitioner.</p>	<p>Cause No.: _____ Department No. _____</p> <p><b>MARITAL AND PROPERTY SETTLEMENT AGREEMENT</b></p>
--	--

THIS AGREEMENT is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_, hereinafter referred to as "Husband," and \_\_\_\_\_, hereinafter referred to as "Wife."

**RECITALS**

A. Husband and Wife were married on \_\_\_\_\_, in \_\_\_\_\_ County, \_\_\_\_\_.

B. [ ] No children have been born as a result of this marriage; or

[ ] There have been \_\_\_\_\_ children born as issue of the parties' marriage:

List first names and ages:

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

C. [ ] Wife is not pregnant.

[ ] Wife is now pregnant, due date: \_\_\_\_\_.

D. A proceeding for Dissolution of Marriage is now pending in the District Court of the Fourth Judicial District in the State of Montana, in and for the County of Mineral under Cause No. \_\_\_\_\_.

E. The parties' marriage is irretrievably broken in that there is serious marital discord which adversely affects the attitude of one or both of the parties toward the marriage, and there is no reasonable prospect of reconciliation. Husband and Wife intend, through this Agreement, to accomplish a just settlement of their respective property rights, apportion marital liabilities, and set forth their respective rights, duties and obligations arising out of the dissolution of their marriage.

F. [ ] Wife has been represented by \_\_\_\_\_.

[ ] Husband has been represented by \_\_\_\_\_.

[ ] Wife [ ] Husband has/have not been formally represented by an attorney.

G. An Order of Protection [ ] has been filed [ ] has not been filed.

The Order of Protection should [ ] stay in effect [ ] be dissolved.

**AGREEMENT**

For and in consideration of the mutual covenants contained herein, Husband and Wife agree as follows:

1. **DIVISION OF ASSETS.** Property belonging to the parties on the date of marriage shall remain their separate property. The parties acknowledge that they have acquired or maintained various items of personal and intangible property during the course of their marriage which has been equitably distributed between them. Each party shall retain ownership and possession of the personal property items in their separate possession and shall assume the debt against those personal property items. The equitable division of the assets and liabilities is as follows:

**HUSBAND - ASSETS**

Description \_\_\_\_\_ Value \_\_\_\_\_

A. \_\_\_\_\_

B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____
F.	_____	_____
G.	_____	_____
H.	_____	_____
I.	_____	_____
J.	_____	_____
K.	_____	_____
<b>TOTAL ASSETS</b>		<b>\$ _____</b>

**WIFE - ASSETS**

<u>Description</u>	<u>Value</u>
A.	_____
B.	_____
C.	_____
D.	_____
E.	_____
F.	_____
G.	_____
H.	_____
I.	_____
J.	_____
K.	_____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

**HUSBAND - LIABILITIES**

<u>Description</u>	<u>Amount</u>
A.	_____
B.	_____
C.	_____
D.	_____
E.	_____
F.	_____
G.	_____
H.	_____
I.	_____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

**WIFE - LIABILITIES**

<u>Description</u>	<u>Amount</u>
--------------------	---------------

A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____
F.	_____	_____
G.	_____	_____
H.	_____	_____
I.	_____	_____
<b>TOTAL LIABILITIES</b>		<b>\$ _____</b>

Special Arrangements / Agreements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. **APPORTIONMENT OF LIABILITIES.** Unless otherwise specified, each party agrees to be solely responsible for the liabilities associated with each asset awarded to such party as provided in Section 1 hereof and any other debt in their separate names.
  
3. **FULL DISCLOSURE AND WAIVER OF FORMAL DISCOVERY.** The parties have accurately, fully, and completely disclosed to each other all income, assets, and liabilities of which they are aware. The parties acknowledge any deliberate failure to provide complete disclosure may be a basis to set aside this Agreement and any Decree incorporating this Agreement. The property referred to in this Agreement represents all of the property in which either party has an interest.
  
4. **MAINTENANCE.** Both parties acknowledge that they are able to support themselves from their earnings and the assets which have been awarded to them. Accordingly, both parties waive any claim to maintenance from the other party. Husband and Wife agree to accept, in lieu of maintenance, the distribution of property as set forth in Section one (1) above. Each of the parties agree that the assignment and distribution of property as set forth above is fair and adequate.
  
5. **ATTORNEY'S FEES.** Each party shall remain solely liable for all attorney's fees and costs incurred by that party in connection with the dissolution proceedings, through the date of entry of a Decree of Dissolution approving this Agreement. In the event that either party thereafter shall find it necessary to retain an attorney and/or institute legal proceedings to enforce, modify or interpret any provision of this Agreement, or the Final Decree of Dissolution entered in conformity herewith, the Court may award reasonable attorney's fees and costs to the prevailing party, in addition to any other appropriate relief.
  
6. **MUTUAL RELEASE.** In consideration of the execution of this Agreement and its terms and conditions, each party releases and forever discharges the other party, his or her personal representatives and assigns, from any and all rights, claim, demand, or obligation at any time hereafter for any purpose. Each of the parties waives all rights of inheritance in the estate of the other and any right to act as personal representative of the will or estate of the other party. Each of

the parties hereby waives the right to claim or receive any family allowance, exempt property allowance or homestead allowance from the estate of the other party. Each party waives any and all additional rights which he or she has or may have by reason of the parties' marriage, including rights of dower and curtesy, except as otherwise specifically provided herein.

7. **ENFORCEMENT OF AGREEMENT.** This Agreement shall be made an integral part of any Decree of Dissolution of marriage of the parties, and shall be enforceable through execution, contempt citation, or any other remedy or procedure provided by law.
8. **FUTURE INSTRUMENTS.** Each party agrees to execute any and all documents which are now necessary or which may become necessary in the future to carry into full force and effect the terms and conditions of this Agreement.
9. **VOLUNTARY AGREEMENT.** This Agreement is voluntary. Each party has read and approved the same in its entirety. Neither party is acting under duress, menace, fraud, or undue influence in the execution of this Agreement.
10. **MODIFICATION.** Except as provided under Montana law, this Agreement, and the Decree of Dissolution to be entered in conformity herewith, may not be modified or amended without the express written consent, duly executed, of both parties.
11. **ENTIRE UNDERSTANDING.** This Agreement contains the entire understanding of the parties. There are no promises, understandings, agreements, or representations between the parties other than those expressly set forth in this Agreement.
12. **BINDING NATURE OF AGREEMENT.** This Agreement shall inure to the benefit of and be binding upon the heirs, successors, executors, administrators, personal representatives, and assigns of the parties.

**CONSENT TO ENTRY OF DECREE:** Both parties consent to the entry of the Decree of Dissolution by the Fourth Judicial District Court, Mineral County, Mineral, Montana.

**EFFECTIVE DATE.** This Agreement shall become effective and enforceable immediately upon the execution hereof by both parties.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HUSBAND

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WIFE

STATE OF MONTANA )

:ss

COUNTY OF \_\_\_\_\_ )

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of Montana  
Printed Name: \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

STATE OF MONTANA )

:ss

COUNTY OF \_\_\_\_\_ )

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of Montana  
Printed Name: \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_



**DISCLOSURE OF ASSETS**

REAL ESTATE	Estimated Value	Name(s) on Title
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No Amount: _____ Lender: _____		
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No Amount: _____ Lender: _____		

VEHICLES / RECREATIONAL VEHICLES	Estimated Value	Name(s) on Title
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		

BANK ACCOUNTS / CASH	Balance as of ____/____/____	Name(s) on Account
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		

PENSIONS, RETIREMENT, LIFE INSURANCE, STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS	Balance as of ____/____/____	Name(s) on Account
Description:		
Description:		
Description:		

PERSONAL PROPERTY (including appliances, furniture, jewelry, art, guns, etc.)	Estimated Value

PERSONAL PROPERTY, continued	Est. Value

BUSINESS INTERESTS (including equipment, tools, livestock, etc.)	Est. Value

OTHER ASSETS	Est. Value

**DISCLOSURE OF DEBTS**

Any mortgages or secured debts should be listed with the real estate above.  
Any vehicle loans should be listed with the vehicles above.

(List amounts owing for credit cards, utility bills, medical expenses, etc.)

Creditor	Description	Amount	Name on Debt

**DISCLOSURE OF INCOME**

[  ] WIFE [  ] HUSBAND

Source of Income	Amt/Month	Source of Income	Amt/Month
Wages, Salary, Commissions		Food Stamps	
Rents, Interests, Dividends		Pension, Retirement	
Self Employment Earnings		Child Support	
Unemployment / Wk. Comp.		Dependent's Benefits	
Soc. Sec. Benefits / SSI		Other:	
Public Assistance			

**DISCLOSURE OF EXPENSES**

[ ] WIFE [ ] HUSBAND

Description of Expense	Amt/Month	Description of Expense	Amt/Month
Taxes, etc. withheld from income		Property Insurance	
Retirement		Transportation	
Health Insurance		Car Insurance	
Medical Expenses		Student Loans	
Housing (rent or mortgage)		Utilities	
Property Taxes		Telephone	
Clothing		Food/Household Supplies	
Child Care		Child Support Payments	
Other:			

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

\_\_\_\_\_  
Signature

[ ] Wife [ ] Husband 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: \_\_\_\_\_

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Address

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

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

FORM # 16

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
 MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____,          Petitioner,</p> <p>and</p> <p>_____,          Petitioner.</p>	<p>Cause No.: _____          Department No. _____</p> <p><input type="checkbox"/> Wife's  <input type="checkbox"/> Husband's</p> <p><b>FINAL DECLARATION OF          DISCLOSURE OF ASSETS, DEBTS,          INCOME, AND EXPENSES</b></p>
--	---

**\*\*WARNING:** Montana law requires the full disclosure of all assets, debts, income and expenses. Failure of either party to file a complete financial disclosure statement shall authorize the Court to accept the statement of the other party as accurate. Any deliberately false statement made hereon or on any schedules or attachments may subject you to the penalty of perjury or other appropriate relief and may be considered a fraud upon the Court.

*If you need additional space on which to list your assets, debts, income or expenses, please attach additional sheets of paper as necessary. Do not write in the margins or on the reverse sides of the pages of this document.*

**DO NOT FILE THIS DOCUMENT WITH THE CLERK OF COURT.**

**DISCLOSURE OF ASSETS**

REAL ESTATE	Estimated Value	Name(s) on Title
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No Amount: _____ Lender: _____		
Address: _____ Legal Desc: _____ _____ Secured Debt: Yes / No Amount: _____ Lender: _____		

VEHICLES / RECREATIONAL VEHICLES	Estimated Value	Name(s) on Title
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		
Year/Make/Model: _____ VIN#: _____ Loan on Vehicle: Yes / No Amount: _____ Lender: _____		

BANK ACCOUNTS / CASH	Balance as of ____/____/____	Name(s) on Account
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		
Name of Bank: _____ Account # (Sealed – Sensitive Data Form) _____ Savings _____ Checking _____ Cert of Dep.		

PENSIONS, RETIREMENT, LIFE INSURANCE, STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS	Balance as of ____/____/____	Name(s) on Account
Description:		
Description:		
Description:		

PERSONAL PROPERTY (including appliances, furniture, jewelry, art, guns, etc.)	Estimated Value

PERSONAL PROPERTY, continued	Est. Value

BUSINESS INTERESTS (including equipment, tools, livestock, etc.)	Est. Value

OTHER ASSETS	Est. Value

**DISCLOSURE OF DEBTS**

Any mortgages or secured debts should be listed with the real estate above.  
Any vehicle loans should be listed with the vehicles above.

(List amounts owing for credit cards, utility bills, medical expenses, etc.)

Creditor	Description	Amount	Name on Debt

**DISCLOSURE OF INCOME**

[   ] WIFE [   ] HUSBAND

Source of Income	Amt/Month	Source of Income	Amt/Month
Wages, Salary, Commissions		Food Stamps	
Rents, Interests, Dividends		Pension, Retirement	
Self Employment Earnings		Child Support	
Unemployment / Wk. Comp.		Dependent's Benefits	
Soc. Sec. Benefits / SSI		Other:	
Public Assistance			

**DISCLOSURE OF EXPENSES**

[ ] WIFE [ ] HUSBAND

Description of Expense	Amt/Month	Description of Expense	Amt/Month
Taxes, etc. withheld from income		Property Insurance	
Retirement		Transportation	
Health Insurance		Car Insurance	
Medical Expenses		Student Loans	
Housing (rent or mortgage)		Utilities	
Property Taxes		Telephone	
Clothing		Food/Household Supplies	
Child Care		Child Support Payments	
Other:			

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

\_\_\_\_\_  
Signature

[ ] Wife [ ] Husband 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: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

WIFE, PETITIONER PRO SE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

HUSBAND, PETITIONER PRO SE

**MONTANA FOURTH JUDICIAL DISTRICT COURT  
MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Petitioner.</p>	<p>Cause No.: _____ Department No. _____</p> <p><b>JOINT PROPOSAL FOR PARENTING PLAN</b></p>
--	--

**1. Identification of the Parties**

- a. Petitioner's Name:  
Address:
- b. Respondent's Name:  
Address:

**2. Identification of the Child(ren)**

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		

HOLIDAY	MOTHER	FATHER
(cont.) 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: \_\_\_\_\_

---

---

---

**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:

---

---

---

---

**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.**

**Declaration for Joint Proposed Parenting Plan:**

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

\_\_\_\_\_  
Co-Petitioner - Wife

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

\_\_\_\_\_, being first duly sworn on oath, says that she is a Co-Petitioner in the above-entitled proceeding; that she has read the foregoing Parenting Plan and knows the contents thereof; and that the matter, facts and things stated therein are true to the best of her knowledge and belief.

\_\_\_\_\_  
Co-Petitioner - Wife

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\_\_.

\_\_\_\_\_  
Co-Petitioner - Husband

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

\_\_\_\_\_, being first duly sworn on oath, says that he is a Co-Petitioner in the above-entitled proceeding; that he has read the foregoing Parenting Plan and knows the contents thereof; and that the matter, facts and things stated therein are true to the best of his knowledge and belief.

\_\_\_\_\_  
Co-Petitioner - Husband

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 \_\_\_\_\_

Name  
Address  
City State Zip Code  
Phone Number  
WIFE, PETITIONER PRO SE

Name  
Address  
City State Zip Code  
Phone Number  
HUSBAND, PETITIONER PRO SE

MONTANA FOURTH JUDICIAL DISTRICT COURT  
MINERAL COUNTY

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Petitioner.</p>	<p>Cause No.: _____ Department No. _____</p> <p><b>JOINT PETITION FOR DISSOLUTION (WITH CHILDREN)</b></p>
--	---

The Petitioners respectfully submit the following:

1. **Information about Wife**
  - 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 Husband**
  - 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. Date and Place of Marriage** Choose One:

- We were married on (*date*):\_\_\_\_\_. The marriage was registered in the County of \_\_\_\_\_, State of \_\_\_\_\_.
- We were married at common law. We assumed a marital relationship by mutual consent and agreement and confirmed our marriage by cohabitation and public repute.

**4. Separation** Choose One:

- We separated on (*date*):\_\_\_\_\_.
- We are not yet separated.

**5. Jurisdiction**

- a. The jurisdictional requirements of M.C.A. § 40-4-104 exist.
- b. Choose One:
  - The marriage is irretrievably broken in that there is serious marital discord which adversely affects the attitude of one of the parties towards the marriage, and there is no reasonable prospect of reconciliation.
  - The marriage is irretrievably broken in that the parties have lived separate and apart for a period of more than one hundred eighty (180) days preceding the commencement of these proceedings, and there is no reasonable prospect of reconciliation.
- c. The conciliation provisions of the Montana Conciliation law, M.C.A. §§ 40-3-101, et. seq., and § 40-4-107 do not apply.

**6. Pregnancy** Choose One:

- The wife is not pregnant.
- The wife is pregnant. However, the husband is not the father, and the child is not at issue in this proceeding.
- The wife is pregnant. The husband is the father.

**7. The Child(ren) of the Marriage**

There is / are \_\_\_\_\_ child(ren) of the marriage as follows:

Name (first and last) \_\_\_\_\_ Age: \_\_\_\_\_

Name (first and last) \_\_\_\_\_ Age: \_\_\_\_\_

Name (first and last) \_\_\_\_\_ Age: \_\_\_\_\_  
 Name (first and last) \_\_\_\_\_ Age: \_\_\_\_\_  
 Name (first and last) \_\_\_\_\_ Age: \_\_\_\_\_

If needed, attach additional sheets as Exhibit \_\_\_\_\_.

**8. 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.

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

This proceeding will affect the custody 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:* \_\_\_\_\_

Address	Dates	With Whom

*List the names and present addresses, if known, of the persons listed above, other than the Petitioners, 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:

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

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

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

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

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

c. Choose One:

We 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:

We know of no other person (not a party to this action) that 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):

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

**10. Declarations of Disclosure of Assets, Debts, Income, and Expenses**

We agree to waive the exchange of Preliminary Declarations of Disclosure of Assets, Debts, Income, and Expenses. In accordance with M.C.A. §§ 40-4-253 and 40-4-254, we have exchanged Final Declarations of Disclosure of Assets, Debts, Income and Expenses.

**11. Real Property** Choose One:

We do not own any real property.

**or**

a. The  Wife  Husband  both parties is/are the owner(s) of record of real property located at  
The legal description of the property is \_\_\_\_\_.

b. This real property should be distributed as follows. Choose One:

The  Wife  Husband should be awarded ownership of this real property.

**or**

Describe the proposed distribution of the real property:

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

If needed, attach additional sheets as Exhibit \_\_\_\_\_.

**12. Vehicles** Choose One:

We do not own any vehicles.

We own the following vehicle(s). It is equitable that the vehicle(s) be distributed as follows (*Please include the year, make, and model for each vehicle listed.*):

To Wife:

Vehicle: \_\_\_\_\_ VIN#: \_\_\_\_\_

Vehicle: \_\_\_\_\_ VIN#: \_\_\_\_\_

To Husband:

Vehicle: \_\_\_\_\_ VIN#: \_\_\_\_\_

Vehicle: \_\_\_\_\_ VIN#: \_\_\_\_\_

Vehicle: \_\_\_\_\_ VIN#: \_\_\_\_\_

If needed, attach additional sheets as Exhibit \_\_\_\_\_.

**13. Personal Property** Choose One:

We have already divided our personal property. It is equitable that each party retain the property currently in his or her possession.

**or**

We have not divided our personal property. It is equitable that the property be divided as follows:

To Wife:

---

---

---

To Husband:

---

---

---

If needed, attach additional sheets as Exhibit \_\_\_\_\_.

**14. Debts**

Choose One:

- There are no debts of the marriage.  
 The parties have accumulated debts during the course of their marriage. It is equitable that each party retain responsibility for the debts currently in his or her name.

or

- We have accumulated debts during the course of our marriage. It is equitable that responsibility for the debts be divided as follows:

To Wife:

Description of Debt	Creditor	Current Balance	Amount to Wife

Any and all other debts in Wife's name only; any and all other debts incurred solely by the Wife since the parties' separation.

To Husband:

Description of Debt	Creditor	Current Balance	Amount to Husband

Any and all other debts in the Husband's name only; any and all other debts incurred solely by the Husband since the parties' separation.

If needed, attach additional sheets as Exhibit \_\_\_\_\_.

**15. Wife's Former Name** Choose One:

The wife would like to be restored to her former name of \_\_\_\_\_.

The wife does not want to be restored to her former name.

**16. Parenting Plan**

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

**17. Child Support Order** Choose One:

The  Wife  Husband needs financial assistance from the  Wife

Husband to support the minor child(ren). The Petitioner requests that the Court enter the following proposed Child Support Order:

a. Choose One:

1.        The  Wife  Husband 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 Petitioners require assistance in calculating an amount of child support based on the Montana Child Support Guidelines. The Petitioners understand 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**
- Mineral County Clerk of Court, 300 River, Superior, MT 59872.
- d.     The Petitioners request that the following warning be included in the Final Child Support Order:

**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.**

- 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
- ii 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.**

**18. 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 Petitioners request 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  Wife  Husband 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 Wife 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 Husband 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 Wife shall be responsible for \_\_\_\_% and the Husband 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 Petitioners request 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 custody arrangements are independent of each other, and the failure or inability to provide one or more does not reduce any other obligation.**

- 19. Notice to the Department of Public Health and Human Services** Choose One:
- 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. If so, the Petitioners will notify the Montana Child Support Enforcement Division and the Office of the Attorney General of this proceeding.
  - Not applicable. The Petitioners are not seeking to establish, enforce, or modify the parties' previously established child support order.

- 20. 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 years and the Husband will claim the child in odd years for all tax purposes, however Earned Income Credit be claimed by whichever parent qualifies under IRS regulations.
- or**
- Other Provisions:** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- 21. Other Provisions:** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

WHEREFORE, the Petitioners request as follows:

1. That this Court enter a Decree of Dissolution of Marriage dissolving the marital status between the parties;
2. That each party be granted real and personal property as requested above;
3. That each party be granted ownership of the vehicles as requested above;
4. That each party be ordered to pay debts as requested above;
5. That the wife be restored to use of her former name, if requested above;
6. That the right to claim the minor child(ren) for tax purposes be ordered, as set out above;
7. That this Court adopt the Petitioners' Proposed Parenting Plan, filed separately from this Petition;
8. That a Child Support Order be established, if requested above;
9. That a Medical Support Order be established, if requested above;
10. Other Provisions: \_\_\_\_\_; and
11. For such other and further relief as the Court deems just and proper.

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

\_\_\_\_\_  
Wife, Petitioner Pro Se

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

\_\_\_\_\_, being first duly sworn on oath, says that she is a Petitioner in the above-entitled proceeding; that 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 her knowledge and belief.

\_\_\_\_\_  
Wife, Petitioner Pro Se

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\_\_.

\_\_\_\_\_  
Husband, Petitioner Pro Se

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

\_\_\_\_\_, being first duly sworn on oath, says that he is a Petitioner in the above-entitled proceeding; that he 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 knowledge and belief.

\_\_\_\_\_  
Husband, Petitioner Pro Se

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 \_\_\_\_\_

Hon. \_\_\_\_\_  
Fourth Judicial District  
Mineral County Courthouse  
PO Box 129  
Superior, Montana 59872  
Phone:(406) 822-3538  
Fax: (406) 833-3822

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

<p>In re the Marriage of:</p> <p>_____,</p> <p style="text-align: right;">Petitioner,</p> <p>and</p> <p>_____,</p> <p style="text-align: right;">Petitioner.</p>	<p>Dept. No.</p> <p>Cause No.:</p> <p style="text-align: center;"><b>ORDER FOR NAME CHANGE</b></p>
--	--

The Court hereby ORDERS that Petitioner, \_\_\_\_\_,  
whose date of birth is: \_\_\_\_\_, shall be restored to the  
name of: \_\_\_\_\_. This document shall be **SEALED** by  
order of the Court.

SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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