
(Date)

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

RE: Notice of Proceeding

To Whom It May Concern:

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,

Signature of Petitioner *Pro se*

(Address)

(Phone)

cc: _____
(Name of Respondent)