

INSTRUCTIONS & CHECKLIST PACKET "G" -- DEFAULT PACKET

I. YOUR SPOUSE HAS NOT RESPONDED.

Wait 21 days from the date your spouse was served with the papers. Give the Clerk of District Court your cause number and confirm that your spouse has not filed a Response. If he/she has not filed a Response, then you can ask the Court to grant you a dissolution (divorce) by default. Follow the steps below:

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 #105 Fill in every section. Sign page 2.
- Form #106 Fill in caption. The Clerk will sign.
- Form #46 or #79 From your original packet. Complete - do not sign. The Judge will sign at the hearing.
- Form #107 IF THERE ARE CHILDREN INVOLVED -- AND IF YOU HAVE FILED A PROPOSED PARENTING PLAN, fill in caption. The Judge will sign later. (Don't use this form if there are no children.)
- Form #108 Complete and sign.
- Form #109 Fill in caption.
- Form #110 Complete those sections you can. After the hearing you will be expected to **fully** complete the form.
- Form #111 Complete caption - do not sign. (You will sign later - see Step #5.)
- Form #112 Complete caption only. 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.

STEP 2. -- Making Copies

- Make 1 copy of Form #105, 106, 108, 109, 110, 111, and 112 for your files.
- IF YOU HAVE CHILDREN AND HAVE COMPLETED A PROPOSED PARENTING PLAN, make 2 copies of Form #79 (in Packet E- which you have already filed).
- Make 2 copies of Form #107.
- Make 2 copies of Form #46 or #79.
- Make 2 copies of Form #112 if you are changing a name.

STEP 3. -- Filing Your Documents With Clerk of Court.

- Deliver the originals of Form #105-112 and the two copies of Form #46 or #79 to the Clerk of Court
- You will be notified later of the hearing date.

II. 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.

STEP 4. -- Court Hearing - on Default Judgment.

You should be prepared to be sworn in, sit in the witness stand, and answer any questions asked of you by the Judge.

III. AFTER THE HEARING:

STEP 5. -- Final Paperwork.

- After the hearing, you must fully complete and file Form #110 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 (Form #46 or #79) is filed. If the Judge decides you cannot afford to pay the filing fee, your fees may be waived in whole or in part once you file an Affidavit of Inability to Pay.
- Copies of the Final Decree will be available at the Clerk of Court's office. The Clerk's office charges \$10 per copy. However, you have already supplied two extra copies of the Final Decree. The Clerk's office will conform these copies with the original without any cost. The Clerk should then certify one copy. The cost for certification is \$2.00 each. This fee may be waived if the judge has found you to be indigent.
- If you are changing your name, you will also need a certified copy of Form # 112 after the judge signs it. You will then take the certified copy of Form # 112 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.
- 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>

STEP 6. -- Notify the Other Parent.
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- Form #111 Complete, sign, and mail a copy to your spouse, together with one copy of the Final Decree (Form #46 or #79) signed by the Judge.
- Form #107 & 66 If there is a parenting plan/children involved --- also mail to your spouse a copy of Form 107 (Order Adopting Parenting Plan as Final) and a copy of the proposed Parenting Plan (Form #66).
- File original Form #111 with the Clerk of Court.

***** NOTE --- THE OTHER PARENT HAS 30 DAYS FROM YOUR FILING OF THE NOTICE OF ENTRY OF DECREE TO APPEAL THE DECREE. FOR THIS REASON, IT IS IMPORTANT THAT YOU FILE THE NOTICE WITH THE CLERK. *****

(Revision Date: 12/08)

PACKET “G” Default Packet

“WORKSHEET”

- _____ Form 105. Request for Entry of Default
- _____ Form 106. Entry of Default
- _____ Form 46 (from Packet C if no children) **or**
- _____ Form 79 (from Packet E if children) - Findings of Fact,
Conclusions of Law and Final Decree
- _____ Form 107. Order Adopting Parenting Plan as Final
- _____ Form 108. Request for Hearing
- _____ Form 109. Order Setting Hearing for Default Judgment
- _____ Form 110. Vital Statistics Form
- _____ Form 111. Notice of Entry of Decree
- _____ Form 112. Order for Name Change

Name

Address

City State Zip Code

Phone Number

FORM #111

**MONTANA FOURTH JUDICIAL DISTRICT COURT
MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Respondent.</p>	<p>Cause No.: _____ Department No.: _____</p> <p>NOTICE OF ENTRY OF DECREE</p>
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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*

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Notice of Entry of Decree along with a copy of Final Decree of Dissolution and Order Adopting Petitioner's Proposed Parenting Plan (if applicable) were served the _____ day of _____, 20____, by:

[] depositing the same in the U.S. Mail with postage pre-paid;

or

[] personally delivering this document to the following person.

(Insert Name
and Address
of Respondent)

Signature of Petitioner *Pro se*

INSTRUCTIONS

FORM # 110

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*
(*list amounts if included in judgment)							
<input type="checkbox"/> Child Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Medical Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Spousal Support: (Alimony)	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____

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.)
 _____ 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.)
 _____ Telephone _____

 Street City State Zip

11 **Support Order:** Date Order Signed: _____
Mother's Support Obligation If applicable, arrears due at time of order: \$ _____
 Check type of support and enter appropriate information

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

(*list amounts if included in judgment)

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

Father's Support Obligation

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

Check type of support and enter appropriate information

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

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

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

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

Information from child support guidelines worksheet:

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

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

HON. _____
District Judge - Dept. No. ____
Fourth Judicial District
Mineral County Courthouse
PO Box 129
Superior, Montana 59872
Phone: (406) 882-3538
Fax: (406) 882-3822

FORM #109

**MONTANA FOURTH JUDICIAL DISTRICT COURT
MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Respondent.</p>	<p>Cause No.: _____ Department No.: _____</p> <p>ORDER SETTING HEARING</p>
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Hearing on Entry of Default Judgment and Final Decree for Dissolution in this matter is hereby set on the Law and Motion Calendar for _____, _____, 20____, at _____ p.m.

DATED this ____ day of _____, 20____.

DISTRICT COURT JUDGE

Name

Address

City State Zip Code

Phone Number

PETITIONER PRO SE

**MONTANA FOURTH JUDICIAL DISTRICT COURT
MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Respondent.</p>	<p>Cause No.: _____ Department No.: _____</p> <p>REQUEST FOR HEARING</p>
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Petitioner filed this dissolution action and Respondent has not filed a response within the time allowed by law. Petitioner requests a hearing before the Court to enter a default judgment. Petitioner requests that the hearing be set on _____, at _____ am/pm.

DATED this ____ day of _____, 20____.

Signature of Petitioner *Pro se*

HON. _____
District Judge - Dept. No. ____
Fourth Judicial District
Mineral County Courthouse
PO Box 129
Superior, Montana 59872
Phone: (406) 882-3538
Fax: (406) 882-3822

FORM #107

**MONTANA FOURTH JUDICIAL DISTRICT COURT
MINERAL COUNTY**

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Respondent.</p>	<p>Cause No.: _____ Department No.: _____</p> <p>ORDER ADOPTING PETITIONER'S PROPOSED PARENTING PLAN AS THE FINAL PARENTING PLAN</p>
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Having reviewed the Petitioner's Proposed Parenting Plan, and finding it to be in the best interest of the minor children, and for other good cause appearing,

IT IS HEREBY ORDERED that

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

DATED this ____ day of _____, 20____.

DISTRICT COURT JUDGE

MONTANA FOURTH JUDICIAL DISTRICT COURT
MINERAL COUNTY

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Respondent.</p>	<p>Cause No.: _____ Dept. No.: _____</p> <p>ENTRY OF DEFAULT</p>
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The Default of Respondent is hereby entered on this ____ day of _____, 20____, for his/her failure to appear or answer the Petition within the time allowed by law, or at all.

(SEAL)

(Clerk of Court)

By: _____
Deputy Clerk

Name
Address
City State Zip Code
Phone Number
PETITIONER PRO SE

MONTANA FOURTH JUDICIAL DISTRICT COURT
MINERAL COUNTY

<p>In re the Marriage of:</p> <p>_____, Petitioner,</p> <p>and</p> <p>_____, Respondent.</p>	<p>Cause No.: _____ Dept. No.: _____</p> <p>REQUEST FOR ENTRY OF DEFAULT, APPLICATION FOR DEFAULT JUDGMENT, AND WAIVER OF FINAL DISCLOSURE REQUIREMENTS</p>
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The Respondent has been duly served with Summons in the above-entitled action and has not made an appearance herein by answer or otherwise within the time allowed by law.

- The Petitioner requests that Respondent's default be entered by the Clerk of Court and that the Court issue a default judgment.

2. Pursuant to MCA §40-4-257, the Petitioner waives the final disclosure requirements of MCA §§40-4-253 and 40-4-254. The Respondent was duly served with a copy of the Petitioner's Preliminary Declaration of Disclosure as required by MCA §40-4-252.

DATED this _____ day of _____, 20____.

Petitioner Pro Se

Hon. _____
Fourth Judicial District
Mineral County Courthouse
PO Box 129
Superior, Montana 59872
Phone:(406) 882-3538
Fax: (406) 882-3822

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

In re the Marriage of:

_____,

Petitioner,

and

_____,

Respondent.

Dept. No:

Cause No:

ORDER FOR NAME CHANGE

The Court hereby **ORDERS** that Petitioner/Respondent (circle one),

_____, 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