

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

<u>Child's Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>SS#</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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

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

_____ (Name and address of Respondent)

DATED this ____ day of _____ 20____.

Petitioner, *Pro se*