

# How to File a Response to a Petition for Dissolution of Marriage or a Petition for Parenting Plan

## **Disclaimer:**

These instructions will tell you how to file your own Response to a Petition for Dissolution of Marriage or a Parenting Plan. This can be a confusing and complicated process. If you have questions about the instructions or the Response form, you should talk to a lawyer. This Response form is not designed to deal with every Dissolution or Parenting Plan situation and cannot take the place of a lawyer. If you use these forms without contacting a lawyer, you risk losing important legal rights.

Always be aware of filing deadlines. Typically, the deadline for filing a Response to Petition for Dissolution of Marriage or a Parenting Plan is 21 days after you were served with the Petition (excluding the day of delivery.) You cannot use this packet if the deadline for filing your Response with the Court has already passed.

The steps for filing a Response may be slightly different in your judicial district. Always check with the Clerk of District Court in your district to make sure that you are following the proper procedures.

## **What Forms Will I Need?**

You will need multiple forms to complete your Response depending on the type of Petition that was filed:

### Petition for Dissolution of Marriage without children

1. MP 201 Response to Petition for Dissolution without Children
2. MP 500 Financial Disclosure and Proposed Property Distribution

### **OR**

### Petition for Dissolution of Marriage with children

1. MP 202 Response to Petition for Dissolution of Marriage with Children
2. MP 300 Proposed Parenting Plan (and any necessary attachments)

### 3. MP 500 Financial Disclosure and Proposed Property Distribution

#### Petition for Parenting Plan

1. MP 203 Response to Petition for Parenting Plan
2. MP 300 Proposed Parenting Plan

\*You will need to fill out a Certificate of Service document to tell the Court you served the other party with your documents. In this form, you fill out what forms you mailed, or hand delivered, and to what address the forms were mailed.

#### **Who Should Use the Response Forms and Accompanying Documents?**

This Response form can be used when the court has requested that you respond to a Petition for Dissolution of Marriage or Petition for Parenting Plan with a Summons signed by the Clerk of Court. It is only necessary to file a Response after you have been served with a Petition and a deadline for your Response has been set. Remember, it is your choice whether or not to file a Response. If you agree completely with the Petition, you may choose not to file a Response. In which case, the judge may order a default judgment granting the petitioner everything asked for in the Petition for Dissolution of Marriage or Petition for Parenting Plan.

The Response form can also be used to file a Counter-Petition in your Dissolution case.

#### **Does It Cost Money To File A Response?**

The Clerk will charge you a fee for filing your Response to Petition for Dissolution of Marriage or Petition for Parenting Plan. The cost may vary between judicial districts.

You might be financially eligible to have the filing fees waived. If you think you might be eligible, ask your local Clerk of District Court or Self Help Law Center for a fee waiver application before you file, or download the form from the “Legal System” section of [www.MontanaLawHelp.org](http://www.MontanaLawHelp.org).

## **Definitions:**

*Petitioner* – The Petitioner is the person who first asked the court for something by filing a petition. If you are using this form to respond to a Petition for Dissolution of Marriage, the Petitioner is your current spouse.

*Respondent* – The Respondent is the person who must respond to a court case by filing a Response. You are the Respondent in your case because you must file a Response to Petition for Dissolution of Marriage or Petition for Parenting Plan.

*Pro Se* – This term is used to notify the court and the Petitioner that you are representing yourself and that you are not being represented by a lawyer in your dissolution of marriage case.

*Dissolution of Marriage* – This is the legal term for “divorce” used by the courts in Montana.

*Parenting* – Montana no longer uses the words “custody” and “visitation,” instead, it uses the terms “parenting” or “parenting time.”

*Default Judgment* – This is a judgment granted to a Petitioner when the Respondent does not file a Response within the 21 day deadline. A default judgment usually grants a Petitioner everything that they asked for in the Petition, as long as the court finds the request to be equitable and in the best interests of the children.

*Counter-Petition* – The Counter-Petition allows the Respondent to ask the court for something just as if the Respondent were filing an original Petition. The Counter-Petition should be used to ask the court to decide on issues that may have been left out of the original Petition.

## **Where Can I Get More Information?**

The Montana Code Annotated (M.C.A.) contains the law on Dissolution of Marriage and Parenting Plans. The laws can be found in Title 40, Chapter 4, Section 101 or Section 201 of the M.C.A. This

is often abbreviated as M.C.A. § 40-4-101 or 40-4-201. The Montana Code Annotated can be found at your local library or on the Montana State Law Library website at [www.lawlibrary.mt.gov](http://www.lawlibrary.mt.gov). Click on the “State Laws” option near the top of the page and select “MCA” from the list.

The State Law Library web site also contains an easy-to-read “Introduction to Family Law in Montana.” This can be found at the Montana State Law Library website, [www.lawlibrary.mt.gov](http://www.lawlibrary.mt.gov)

1. Click ‘Find a Law by Topic’
2. Click ‘Ending your Marriage’
3. Scroll down to ‘Free Information on the Web about Ending Your Marriage’
4. Click on ‘Introduction to Family Law in Montana

### **Where Can I Get Legal Help?**

If you need help, the following resources may be available to you:

1. Montana Legal Services Association (MLSA) provides free legal assistance to low and moderate-income individuals. To find out if you qualify for MLSA services, call the MLSA HelpLine at 1-800-666-6899.
2. The State Bar Lawyer Referral and Information Service (LRIS) refers people to Montana lawyers who have agreed to charge a reasonable fee for the first visit. The referral is free. Contact LRIS at 1-406-449-6577.
3. The State Law Library can help you to find and use legal resources such as books, forms, and websites. You can visit the Law Library website at [www.lawlibrary.mt.gov](http://www.lawlibrary.mt.gov). Or you can contact a Reference Librarian at 1-406-444-3636 or by email at [mtlawlibrary@mt.gov](mailto:mtlawlibrary@mt.gov).

## How Do I Use The Response To Petition For Dissolution Of Marriage or Parenting Plan Form?

Complete the following steps:

### **Step One: Fill In The Response Form And Other Documents**

Fill in the Response to Petition for Dissolution of Marriage or Petition for Parenting Plan form completely. The paragraph numbers match up exactly so you are either agreeing or disagreeing with the information in each paragraph of the Petition.

### **Step Two: File Your Response With The Court**

You will need to file the original and two copies of all of your documents with the Clerk of District Court.

Upon payment of the filing fee, the Clerk of District Court will docket and return your copies to you. In the event you are submitting an application for a Fee Waiver your original documents will not be filed until the Fee Waiver is approved or your fee is paid.

### **Step Three: Send A Copy To The Petitioner (Your Spouse or Other Parent)**

Once you have filed your Response, and the other documents, it is your responsibility to send copies to the Petitioner.

You will need to serve a filed copy of your documents upon the other party in the manner you have indicated in your Certificate of Service (first class mail or hand delivery) and you need to keep a copy for your records. Mail a copy to the Petitioner at the address listed on the Petition you were served with.

### **Step Five: Attend Mediation**

Judges may require the Petitioner and the Respondent to attend mediation before their dissolution or parenting plan case will be heard by the Court. You will find out if you are required to attend mediation through a Scheduling Order.

**\*Important note:** Victims of domestic violence cannot be ordered to attend mediation. If you are a victim of domestic violence at the hands of the Petitioner, you have the option of notifying the Judge

that you chose not to attend the mediation. This means your case will go directly to the hearing stage, described below.

### **Step Six: Prepare For A Hearing In Front Of The Judge**

Because you are choosing to file a Response, your Dissolution or Parenting Plan action is contested and a Judge will hold a hearing to make a decision on the contested issues.

[ ] Collect evidence to support your case at the hearing. This evidence should include any paperwork or witnesses that will persuade the Judge to decide the contested issues in your favor.

- Bring documentation such as bills or payment receipts if debt is a contested issue.
- Bring documentation such as purchase receipts or titles if marital property is a contested issue.
- Bring documentation proving that you owned property before the marriage, if that property is a contested issue.

### **Evidence about your child:**

- Report cards
- Attendance records from school/daycare
- Progress reports from school/daycare
- Health care providers' progress/treatment reports
- Mental health care providers' notes/diagnoses/treatment reports

### **Evidence about parents/family members/others who play a significant role in your child's life:**

- Health care providers' treatment reports
- Mental health care providers/chemical dependency providers' notes/diagnoses/treatment reports
- Police reports
- Child protective services reports
- Court records of criminal charges/convictions
- Reports from domestic violence advocacy programs
- Previous court orders (protection orders, contempt orders, etc.)
- Receipts from expenses spent on the child (for health care, clothing, school, etc.)
- Administrative or court findings of unpaid child support

You should write down and practice the questions that you want to ask your spouse at the hearing. *Important:* Only ask questions that you think will help your case.

You should also practice what you want to say to the Judge. Practice with a friend until you feel comfortable with everything that you want to say.

### **Step Seven: Go To The Hearing**

The time and date for the hearing will be sent to you on a court document normally called a “Scheduling Order.” You must attend that hearing. Be at the courthouse at least 15 minutes before your scheduled hearing time. Dress as you would for an important job interview. Ask the Clerk of District Court which courtroom your Judge is in. Go to the appropriate courtroom and wait for the Judge to call your name and cause number. Be calm and polite and address the Judge as “Your Honor.”

Bring all of your court papers to the hearing.

Bring all of the evidence you gathered in Step Five above.

If the Petitioner (your spouse or the other parent) is at the hearing, the Judge will ask him/her to be sworn in and take the witness stand. The Petitioner will be allowed to tell his/her side of the story. Then you will be allowed to ask the Petitioner any questions you have prepared.

The judge will then ask you to take the witness stand. You should bring your evidence with you. You will then be allowed to tell your side of the story. The Petitioner will be given the opportunity to ask you any question he/she has prepared.

After the hearing, the Judge will enter a final ruling on the contested issues in your Dissolution or Parenting Plan case. It may take awhile for the Judge to enter a final ruling. However, once the ruling has been made, the Judge will mail a copy to you.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

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

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

\_\_\_\_\_  
E-mail Address (optional)

Respondent

Appearing without a lawyer

**MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT, \_\_\_\_\_ COUNTY**

In re the Marriage of:

\_\_\_\_\_,

(First, Middle, Last) Petitioner (your spouse),

and

\_\_\_\_\_,

Respondent (you).

**Case No:** \_\_\_\_\_

(leave blank, the clerk will write in)

## **Response to Petition for Parenting Plan**

### **1. Jurisdiction. Choose one.**

I admit that the Court has jurisdiction over this case,

**OR**

I deny that the Court has jurisdiction over this case because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

### **2. Petitioner information. Choose one.**

I admit that the Petitioner's information is correct.

**OR**

I deny that the Petitioner's information is correct and state that the correct information is:

**MP-203 Response to Petition for Parenting Plan**

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Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Petitioner's e-mail address (optional): \_\_\_\_\_

Petitioner's Mailing Address: \_\_\_\_\_

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

Petitioner's Physical Address: \_\_\_\_\_

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

Petitioner's Year of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Petitioner's occupation: \_\_\_\_\_

How long has Petitioner lived in this county? \_\_\_\_\_

How long has Petitioner lived in Montana? \_\_\_\_\_

**3. Respondent's information. Choose one.**

I admit my information is correct.

**OR**

I deny my information is correct and state that the correct information is:

Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

My e-mail address (optional): \_\_\_\_\_

My Mailing Address: \_\_\_\_\_

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

My Physical Address: \_\_\_\_\_

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

My age: \_\_\_\_\_ My occupation: \_\_\_\_\_

How long I have lived in this county: \_\_\_\_\_

How long I have lived in Montana: \_\_\_\_\_

**4. Pregnancy. Choose one.**

I admit that information about pregnancy is correct.

**OR**

I deny that the information about pregnancy is correct and state that the correct information is:

The mother is not pregnant.

**OR**

The mother is pregnant and the father is a party to this case.

**OR**

The mother is pregnant and is unsure who the father is.

**OR**

The wife is pregnant and the father is not a party to this case.

**Notice:** A parenting plan must be filed after the child is born if the mother is pregnant and the father is a party to this case or the father is not known.

**5. Minor children, including those born to or adopted by both parties.**

I admit that information about the minor child(ren) is correct.

**OR**

I deny that the information about the minor child(ren) of the is correct and state that the correct information is:

Name	Age	Birth Year	Minor primarily lives with:
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other

We have more minor children. *(Fill out MP-113-B and paper clip it to this document)*

**6. Child(ren) residence(s). Choose One.**

I admit that information about the child(ren)'s residence is correct.

**OR**

I deny that the information about the child(ren)'s residence is correct and state that the correct information is:

Start with the children's current address. Give the information for the past 5 years. If you don't know the individual's current address, write "not known" next to their name.

Children's Names	Address	Starting MM/YY	Ending MM/YY	List all people living at this location, their relationship with child, and current

				address
			Still lives here	

There are more residences. (Fill out and paper clip Form **MP-113-C** to this document)

**7. Jurisdiction of the children.**

I admit that the Court has jurisdiction over the minor children.

**OR**

I deny that the Court has jurisdiction over the minor children because

***Choose the most accurate description.***

The child(ren) have not lived in Montana for at least 6 consecutive months immediately before this case was filed. For the last six month the children have lived in the state of \_\_\_\_\_. This makes the state of \_\_\_\_\_ the child(ren)'s home state. If a child(ren) is less than six months old, the child(ren) lived in the state of \_\_\_\_\_ since birth.

**OR**

A court in the state of \_\_\_\_\_ has an open case regarding the children. That case is in \_\_\_\_\_ County, state of \_\_\_\_\_ and the case number is: \_\_\_\_\_

**8. Other Court Cases. Choose One.**

I admit that information about other court cases is correct.

**OR**

I deny that the information about other court cases is correct and state that the correct information is:

I don't know of any other court case that could affect this one.

**OR**

There are other court cases that could affect this one. Here is the list:

The first court case is:

- Order of Protection    Criminal case    Adoption    Guardianship
- Child and Family Services    Other: *(describe)*

\_\_\_\_\_

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

- I participated as a  party  witness  other: \_\_\_\_\_
- I didn't participate.

The second court case is:

- Order of Protection    Criminal case    Adoption    Guardianship
- Child and Family Services    Other: *(describe)*

\_\_\_\_\_

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

- I participated as a  party  witness  other: \_\_\_\_\_
- I didn't participate.

There are more court cases. *(Fill out and paper clip Form MP-113-E to this document)*

**9. Other people. Choose one:**

I admit that information about other people who have or claim physical custody or visitation rights is correct.

**OR**

I deny that the information about other people who have or claim physical custody or visitation rights is correct and state that the correct information is:

I don't know of any other person, not my spouse, who has physical custody or claims to have physical custody or to have visitation rights with a child listed in this petition.

**OR**

Here is a list of people who have physical custody or claim to have physical custody or visitation rights with a child listed in this petition:

Name	Address	Child's name	Description
			<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims physical custody <input type="checkbox"/> Claims visitation rights

			<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims physical custody <input type="checkbox"/> Claims visitation rights
			<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims physical custody <input type="checkbox"/> Claims visitation rights

I understand I must give notice of this case to anyone on this list. *(Fill out and paper clip a copy of Form MP-113-D to this document for each person on this list. Send Form MP-407 to everyone listed.)*

**10. Parenting Plan.**

I admit that the Proposed Parenting Plan submitted by the Petitioner is in the best interests of the child(ren).

**OR**

I deny that the proposed parenting plan submitted by the Petitioner is in the best interests of the child(ren). It is in the best interest of the child(ren) that this court adopt my proposed parenting plan. This is a document that I filed separately. My proposed parenting plan includes parenting time, child support, and medical support.

**NOTICE:** State law requires that a child support calculation using the Montana guidelines be filed with this court. I can find this law at §40-4-204, M.C.A.

**11. Other:**

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**I ask the court to take the following action:**

1. Adopt the proposed parenting plan I agreed to or submitted, including parenting time, child support, and medical support.
2. If the court deems proper, award me my attorneys' fees and court costs under § 40-4-110, MCA.
3. Other:

- a. \_\_\_\_\_  
\_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_
- c. \_\_\_\_\_  
\_\_\_\_\_

4. And for any other relief this court decides is just and proper.

**I declare under penalty of perjury and under the laws of the state of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.**

Date: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your Signature: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

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

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

\_\_\_\_\_  
E-mail Address (optional)

Petitioner  Respondent  Co Petitioner

**Appearing without a lawyer**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

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

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

\_\_\_\_\_  
E-mail Address (optional)

Co Petitioner

**Appearing without a lawyer**

**MONTANA** \_\_\_\_\_ **JUDICIAL DISTRICT COURT,** \_\_\_\_\_ **COUNTY**

In re the Parenting of:  
\_\_\_\_\_,

*OR*

In re the Marriage of:  
\_\_\_\_\_,

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

\_\_\_\_\_,  
 Co Petitioner  Respondent.

**Case No:** \_\_\_\_\_

**Petitioner's**       **Respondent's**  
 **Agreed**               **Court Ordered**

**Proposed**  **Amended**  
**Parenting Plan**

**1. Objectives.**

- a.** To protect the best interest of our minor children;

**MP-300 Parenting Plan and Final Decree Attachment**

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- b. To provide for the physical care of our minor children;
- c. To maintain our children’s emotional stability and minimize our children’s exposure to parental conflict;
- d. To help our children have a healthy relationship with both parents, families, and friends;
- e. To provide for our minor children’s changing needs as they grow and mature;
- f. To explain the rights and responsibilities of each parent to our minor children;
- g. To help us avoid expensive future court battles over the minor children.

**2. Parent Information:**

Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Your e-mail address (optional): \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

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

Name First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Your e-mail address (optional): \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

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

**3. Our Children:**

This parenting plan applies to these children:

Name	Age	Year of Birth

*(If you have additional children, fill out and paper clip Form **MP-113-B** to this document.)*



**4. The same or different parenting time schedules. Choose one.**

We will have the same parenting schedule with all of our children.

**OR**

We will have different parenting schedules for our children. This is in the best interest of our children because \_\_\_\_\_

**NOTE:** All of our minor children must be covered under a parenting time schedule.

Please use attachment **MP-300 A** for any different parenting plans.

**Parenting time**

The child(ren) shall primarily reside with the  mother  father. The other parent's parenting time will be as follows:

**Choose all that apply:**

Weekends:

The  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup> weekend(s) of the month and the 5th weekend in  odd  even  every month(s). The first weekend of the month is the first weekend with a Saturday.

Weekend parenting time begins:

(day of week) \_\_\_\_\_ at (time) \_\_\_\_\_  a.m.  p.m.

and ends:

(day of week) \_\_\_\_\_ at (time) \_\_\_\_\_  a.m.  p.m.

Weekdays:

Monday  Tuesday  Wednesday  Thursday  Friday

from \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_  a.m.  p.m.

Other: \_\_\_\_\_

**Child Care Options. Choose one if applicable:**

If either parent is unable to care for the children during their scheduled parenting time, that parent shall arrange appropriate substitute care for the children.

If either parent is unable to care for the children for longer than \_\_\_\_\_

during their scheduled parenting time, that parent shall contact the other parent and offer the other parent the opportunity to provide care for the children before arranging for substitute care.

Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transportation for Our Children.**

a. Our children will only be driven by a licensed and insured driver. The vehicle must have legal and age-appropriate restraint devices.

**Choose one:**

The parent whose parenting time is  starting  ending is responsible for transporting our children.

**OR**

Each parent is responsible for transporting our children to and from parenting time and will meet at \_\_\_\_\_ to exchange our children at the beginning and end of each parenting time.

**OR**

Other (specify): \_\_\_\_\_.

b. Transportation cost.

**Choose One:**

Transportation costs will be paid for by the parent responsible for transporting our children.

**OR**

Other: \_\_\_\_\_.

c. (Optional)  Supervised Exchanges. Exchanges of the children must be supervised as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**5. Holidays, Vacation, and Special Occasions. Choose one.**

There is a special schedule for holidays, vacation, and special occasions. (Fill out and paper clip **Form MP-300-B** to this document.)

**OR**

There is no special schedule for holidays, vacation, and special occasions.

**6. Supervised or Limited Parenting Time. Choose one.**

Supervised or limited visitation is not necessary.

**OR**

Supervised or limited visitation is necessary. It is in our children's best interest for  
Mother Father Both parents to have supervised or limited parenting time  
because *(describe)*

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*(Fill out and paper clip MP-300-C to this document)*

**7. Travel with Our Children. Choose all that apply.**

a. Mother Father Both parents may travel freely in the State of Montana with our children. This travel must be in keeping with our parenting time schedule.

b. Mother Father Both parents must have written permission from the other parent or a court order to take our children out of:

a \_\_\_\_ mile radius of the child's residence.

the following counties *(specify)* \_\_\_\_\_

the State of Montana

This is in the best interest of our children because: \_\_\_\_\_

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c.  Other *(specify)* \_\_\_\_\_

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**8. Passport. Choose all that apply.**

Our children don't have a passport. Mother Father may apply for a passport for any of our children. The other parent consents to the issuance of this passport.

If our children have a passport, it belongs to them. But Mother Father will be the custodian of the passport.

Other (specify) \_\_\_\_\_  
\_\_\_\_\_.

**9. Communications. Choose all that apply.**

While our children are with one parent:

Our children will be able to initiate communication with the other parent at reasonable times.

The other parent is allowed to initiate communication with our children at reasonable times.

The other parent has a specific time to communicate with our children:

\_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
\_\_\_\_\_.

**10. State and Federal Benefit Programs**

Some state and federal benefit programs require one parent be designated custodian. This doesn't affect our parenting rights or responsibilities. It only affects which parent may include the children when they apply for benefits.

**Choose One**

For the purposes of state and federal benefit programs that require a designation of custodian the  Mother  Father is designated custodian.

**OR**

Other (specify): \_\_\_\_\_  
\_\_\_\_\_.

**11. Designation of Children for Income Tax Purposes.**

Mother will claim all of our children as dependents on her income tax

every tax year  in odd-numbered tax years  in even numbered tax years

Father will claim all of our children as dependents on his income tax

every tax year  in odd-numbered tax years  in even-numbered tax years

Other (specify): \_\_\_\_\_  
\_\_\_\_\_.

Each parent will fill out the necessary tax forms to claim our children as dependents

for income tax purposes.

This arrangement will begin in the tax year our parenting plan is signed by the court.

## 12. Co-Parenting Guidelines.

- a. Each parent will promote a healthy relationship between our children and the other parent. We won't demean or speak negatively about the other in front of or to our children.
- b. Each parent will notify the other parent at least \_\_\_\_ minutes hours days in advance when we won't use or need our parenting time. The missed time won't be made up, unless we both agree.
- c. If Mother Father is more than \_\_\_\_\_ minutes late for their parenting time the other parent may cancel the parenting time. The missed time won't be made up, unless we both agree.
- d. Each parent will be flexible about our parenting time when family necessities, illnesses, or other commitments reasonably require a change. The requesting parent will act in good faith and give as much notice as circumstances permit.
- e. Each parent will supply our children with appropriate clothing, toys, games, or books for their scheduled parenting time with the other parent. These items are our children's and are to be returned with our children at the end of the parenting time.

### OR

- Each parent will supply our children appropriate clothing, toys, games, or books for their scheduled parenting time while they are with us. Our children will not take these items between our houses. Any items that our children arrived with are to be returned at the end of the parenting time.
- f. Each parent is responsible for making sure that our children attend their regularly scheduled activities, including sports and other extra-curricular activities, while the children are with that parent.
- g. If our children has a special activity or medical condition that requires clothing and/or equipment that is not normally with the parent having parenting time, that parent must ask that the clothing and/or equipment comes with our children and returns with our children at the end of the parenting time.
- h. Each parent will encourage and protect healthy relationships between our children and relatives, family and friends. Usually the children will visit paternal relatives during the time when our children are with their father and with the maternal relatives during the time when our children are with their mother, unless we agree otherwise.

i. Each parent will guarantee the safety of the children. Activities that may be considered dangerous include: **Choose all that apply.**

Any person, including a parent, who abuse alcohol or use illegal drugs within 24 hours of contact with our children;

Second-hand smoke;

Other: \_\_\_\_\_

\_\_\_\_\_.

j. If a parent observes or becomes aware that the children are in physical danger, the observing party will immediately contact law enforcement and may file an action with the court to enforce this agreement. Temporary suspension of parenting time may be appropriate under the circumstances until the safety concerns are resolved.

### 13. Decision Making.

a. Both parents have the right to make emergency decisions affecting the health or safety of our children.

b. We have the right to make decisions about the day-to-day care and control of our children while they are with us.

**Choose any that apply.**

c.  We will make major decisions about our children's education together. If we cannot agree, the decision will be made by Mother Father.

d.  We will make major decisions about our children's non-emergency health care together. If we cannot agree, the decision will be made by Mother Father.

e.  We will make major decisions about our children's spiritual development together. If we cannot agree, the decision will be made by Mother Father  either party during their respective parenting time.

f.  We will make major decisions about our children's extra-curricular activities together. If we cannot agree, the decision will be made by Mother Father  either party during their respective parenting time.

**OR**

g. Mother Father will be the sole decision maker about major decisions for our children's lives, including  education non-emergency health care, spiritual development, and extra-curricular activities. This is in our children's best interest because:

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

**h. Other** *(specify)*:

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

**14. Access to Our Children’s Information. Choose One.**

We will both have access to all information about our children, including school records, counseling records, medical, and dental records. We can find this law at §40-4-225, M.C.A.

**OR**

It is appropriate that only  Mother  Father have access because \_\_\_\_\_  
\_\_\_\_\_.

**15. Access to Our Information. Choose One.**

We will keep each other and the court updated in writing of the following:

- Residential and mailing addresses;
- Telephone numbers;
- Social Security numbers;
- Driver’s license numbers;
- Name, address, and phone number of employers;
- Health insurance coverage for our children, including the insurance company, name of the plan, the policy identification number, and the names of the covered children;
- Health insurance coverage for our children which is available through an employer or other group, and if the employer or group would pay any part of the premium.

**OR**

It is appropriate that the personal information of  Mother  Father be kept confidential and not be given to the other parent because \_\_\_\_\_  
\_\_\_\_\_.

**16. Parent’s Residential Change.**

- a. If either of us plans to change the place we live and it will significantly affect the other parent’s contact with our children, the moving parent must give notice to the other parent.
- b. The notice must be in writing and include a proposed amended parenting plan. *(We can use Form MP-904 Notice of Intent to Move to give this notice.)*
- c. There are two ways the moving parent may deliver the notice and proposed amended parenting plan to the other parent:
  - By having law enforcement or a person who is 18 or over and not a party to the case hand-deliver it to them,
  - Or by certified mail.
- d. The moving parent must file proof of service and the proposed amended parenting plan with this court.
- e. If the other parent objects to the proposed amended parenting plan, that parent must file an objection with the court within the 30-day period. If the other parent doesn’t file an objection, this means they are in agreement with the moving parent and the court may adopt the plan.

**17. Temporary Assistance for Needy Families and Family Medicaid Benefits. Choose One.**

Either Mother or Father is receiving  Temporary Assistance for Needy Families (TANF) and/or  Family Medicaid;

**OR**

Neither party is receiving these benefits.

**OR**

I do not know if  Mother  Father is receiving these benefits. I am not receiving any of these benefits.

**18. Notice to Child Support Enforcement Division. Choose One.**

Child Support Enforcement Division has an active case to determine paternity, to establish or enforce child support, to establish or enforce medical support, or one of us is receiving these benefits. I notified Child Support Enforcement Division of this case. *(Fill out and serve MP-404)*

**OR**

Child Support Enforcement Division does not have an active case and neither parent is receiving these benefits.



**19. Child Support Calculation.**

**a. Child Support Amount.**

Mother  Father must pay \$\_\_\_\_\_ per child per month for a total monthly obligation of \$ \_\_\_\_\_ in child support to the other parent commencing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ because:

**Choose one.**

This amount is consistent with the attached final Child Support Enforcement Division Order signed by the Administrative Law Judge. *(Write MP-300-D in the upper right hand corner of the CSED calculation order and paper clip it to this document.)*

**OR**

This amount is consistent with the child support calculation prepared by  Mother  Father  The Court  other\_\_\_\_\_ *(Write MP-300-E in the upper right hand corner of this calculation and paper clip to this document.)*

**OR**

This amount is not consistent with the child support amount prepared by  Child Support Enforcement Division  Mother  Father  The Court or  other\_\_\_\_\_ ; however, this amount is in the best interest of our child because:

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

*(Write MP-300-E in the upper right hand corner all calculations made and documents used in reaching this child support amount and paper clip to this document)*

**OR**

No one has calculated child support at this time. But, Child Support Enforcement Division has opened a case. The CSED case number is \_\_\_\_\_.  Mother  Father will file the CSED Child Support Order along with the Request for a Hearing on the Dissolution.

**b. Child Support Payments. Choose One.**

On or before the first of every month,  Mother  Father must make payments to Child Support Enforcement Division. Payments must be made to CSED if a party is receiving Title IV-A Benefits (TANF, Family Medicaid), or Title IV-D benefit (if there is an active case with CSED). We can find this law at §40-5-909, M.C.A.

**OR**

On or before the \_\_\_\_\_ day of each month,  Mother  Father must make

payments directly to  Mother or  Father.

**OR**

On or before the first of each month,  Mother  Father must make payments to the Clerk of District Court.

**20. Immediate Income Withholding. Choose One.**

Mother's  Father's income is subject to immediate income withholding. We can find this law beginning at §40-5-315, M.C.A.

**OR**

The child support order is exempt from immediate income withholding because:

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**21. Child Support Termination. Child support payments must continue until:**

**Choose One.**

The child turns 18 or graduates from high school, whichever occurs later but no later than when the child turns 19.

**OR**

Father  Mother agrees to continue to pay child support until: \_\_\_\_\_ because \_\_\_\_\_.

**22. Medical Support. Choose One.**

a.  The Montana Child Support Enforcement Division or another appropriate agency or court established a medical support order.

**Choose One:**

The medical support order is included in the attached Child Support Order

**OR**

The medical support order is separate and I am attaching it. (Write **MP-300-F** in the upper right hand corner of the medical support order and paper clip it to this document.)

**OR**

The minor children need their medical and dental expenses to be covered. There is no medical support order and the court should adopt the attached medical support order. (Fill out and paper clip Form **MP-300-G** to this document.)

**b. Our responsibilities:**

- a. We will fill out, sign, and deliver all necessary documents to the insurance company to make sure our children are continuously covered under the plan.
- b. We will timely submit claims to the insurance company for processing.
- c. We will give each other insurance cards or other methods for access to coverage.
- d. If the insurance company reimburses a parent who didn't pay the bill, that parent will immediately pay the parent who did pay the bill.
- e. If one of us is responsible for paying medical costs and expenses and we don't pay, the court may enter a judgment against us for unpaid support. The Court may hold that parent in contempt for non-payment of support.
- f. If we are responsible for paying the insurance premium and we don't, the other parent, the Department of Public Health and Human Services, or other responsible party, may pay the premium. The court may enter a judgment against the nonpaying parent for unpaid support. The Court may hold that parent in contempt for non-payment.

**NOTICE: The court may impose civil penalties for intentionally violating the medical support order. You can find this law at §40-5-821, M.C.A.**

### 23. Review of Parenting Plan.

We will review this parenting plan with each other when there is a significant change of circumstance. When we disagree about this parenting plan, we will act in the best interest of our children. **Choose One:**

We will:

- Step 1: Try to resolve our issues through informal discussion;
- Step 2: If possible, we will take our issues to a professional mediator.

We agree our first-choice of mediator will be

We agree that Father will pay \_\_\_\_\_% and Mother will pay \_\_\_\_\_% of the cost of the mediator.

- Step 3: If we are unable to resolve our issues, we will file a formal motion and ask the court to decide.

**OR**

Mediation is not appropriate because there is reason to suspect domestic violence and we will ask the judge to decide our issues through a formal motion.

**24. Violation of the Parenting Plan.**

If a parent has actual knowledge of these parenting plan terms and that parent violates those terms, that person may be charged with a crime, be arrested, have to pay a fine and go to jail. We can find this law at §§ 45-5-631 or 45-7-309 M.C.A.

**25. Modification.**

The Court can only modify this agreement, if:

- we both agree to the modification, or
- there is a substantial change in circumstances, and one of us files a motion with the court.

**NOTICE: The Department of Public Health and Human Services or one of us may request Child Support Enforcement Division modify our child support order if one of us is receiving services under Title IV-A of the Social Security Act, or Child Support Enforcement Division is providing enforcement services. We can find this law at starting at § 40-5-271(3), M.C.A..**

**26. Other Provision:**

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**27. Other Provision:**

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**28. Request for Parenting Plan be Ordered by the Court.** Petitioner Respondent  
Co-Petitioners request(s) the Court adopt this Parenting Plan as the final and enforceable Parenting Plan.

**I declare under penalty of perjury and under the laws of the state of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.**

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

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_

Petitioner Respondent Co-Petitioner

*(Only fill out this section if you are filing an agreed parenting plan)*

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

Other Parent Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_

Petitioner  Respondent  Co-Petitioner

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*(Leave the following section blank. It is for the Judge to use.)*

**Order by the Court**

- The Court found this parenting plan in the best interests of the children.
- The Judge's signature on this document makes this plan the parenting plan parties must follow.

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

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DISTRICT COURT JUDGE

<p>_____ ,</p> <p style="text-align: right;"><input type="checkbox"/> Petitioner,</p> <p>and</p> <p>_____ ,</p> <p style="text-align: right;"><input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner.</p>	<p><b>Case No:</b> _____</p> <p><b>Attachment: Parenting Time Schedule</b></p>
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**1. Children Covered by this Schedule**

Each of our children

**OR**

List: \_\_\_\_\_

**NOTE:** All of our minor children must be covered under a parenting time schedule.

**2. Parenting time**

The  mother's  father's parenting time will be as follows:

**Choose all that apply:**

Weekends:

The  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup> weekend(s) of the month and the 5th weekend in  odd  even  every month(s). The first weekend of the month is the first weekend with a Saturday.

Weekend parenting time begins:

(day of week) \_\_\_\_\_ at (time) \_\_\_\_\_  a.m.  p.m.

and ends:

(day of week) \_\_\_\_\_ at (time) \_\_\_\_\_  a.m.  p.m.

Weekdays:

Monday  Tuesday  Wednesday  Thursday  Friday

from \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_  a.m.  p.m.

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a. The other parent's parenting time will be for all time not listed above.

**3. Child Care Options. Choose one if applicable:**

If either parent is unable to care for the children during their scheduled parenting time, that parent shall arrange appropriate substitute care for the children.

If either parent is unable to care for the children for longer than \_\_\_\_\_ during their scheduled parenting time, that parent shall contact the other parent and offer the other parent the opportunity to provide care for the children before arranging for substitute care.

Other (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Transportation for Our Children.**

a. Our children will only be driven by a licensed and insured driver. The vehicle must have legal and age-appropriate restraint devices.

**Choose one:**

The parent whose parenting time is  starting  ending is responsible for transporting our children.

**OR**

Each parent is responsible for transporting our children to and from parenting time and will meet at \_\_\_\_\_ to exchange our children at the beginning and end of each parenting time.

**OR**

Other (specify): \_\_\_\_\_.

b. Transportation cost.

**Choose One:**

Transportation costs will be paid for by the parent responsible for transporting our children.

**OR**

Other: \_\_\_\_\_.

c. (Optional)  Supervised Exchanges. Exchanges of the children must be supervised as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

<p>_____ ,</p> <p style="text-align: right;"><input type="checkbox"/> Petitioner,</p> <p>and</p> <p>_____ ,</p> <p style="text-align: right;"><input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner.</p>	<p><b>Case No:</b> _____</p> <p><b>Attachment: Holidays, Vacation, and Special Occasions</b></p>
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**1. Children Covered by this Schedule**

All our children

**OR**

List: \_\_\_\_\_

*A separate form **MP-300-B** is attached for each of our minor children.*

**2. Special Schedule Rules**

- a. There are specific tables for holiday, school breaks, vacation, and special occasions.
- b. If a single day holiday falls on a Friday or a Monday, we will treat this as a three-day weekend unless we indicate differently on the Holiday chart.
- c. Unless we specify different times, all single day holidays will start at \_\_\_\_\_ a.m. and end at \_\_\_\_\_ p.m.
- d. Any three-day weekend, holiday, school break, or special occasion that is not specified will be spent with the parent who would normally have that time.
- e. If there is a conflict between the different schedules that have our children scheduled to be with both of us on the same day, we will resolve this conflict by using the following ranking to determine who our children will be with.
- f. Rank the order of priority, with 1 being the highest priority

	Special Occasions
	School Breaks
	Holiday
	Regular parenting time schedule



**3. Special Occasions. Complete all rows that apply.**

Special Occasions	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
Mother's Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Father's Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Child's birthday (name: _____) (date:_____)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Child's birthday (name: _____) (date:_____)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Child's birthday (name: _____) (date:_____)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Mother's birthday			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Father's birthday			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Other: <i>(specify event and date)</i>							
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

**(Optional) Additional Notes on Special Occasions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. School Breaks. Complete all rows that apply.**

School Breaks	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
Spring Break			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Summer Break			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Winter Break			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Other: (specify event and date)							
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

**(Optional) Additional notes on School Breaks:**

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**5. Holidays. Complete all rows that apply.**

Holiday	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
January 1			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Martin Luther King's Birthday (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
President's Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Memorial Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

July 4 <sup>th</sup>			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Labor Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Columbus Day (weekend)			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Halloween			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
<b>Holiday</b>	<b>Start Time</b>	<b>End Time</b>	<b>Every Year</b>	<b>Even Years</b>	<b>Odd Years</b>	<b>Other:</b>	<b>N/A</b>
Veterans Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Thanksgiving			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Christmas Eve			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Christmas Day			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
New Year's Eve			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
Other: <i>(specify event and date)</i>							
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		
			<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father	<input type="checkbox"/> mother <input type="checkbox"/> father		

**(Optional) Additional notes on Holidays:**

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<p>_____,  <input type="checkbox"/> Petitioner,  _____,  <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p><b>Case No:</b> _____</p> <p><b>Attachment: Limited Parenting Time</b></p>
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**1. Children Covered by this Schedule**

Each of our children

**OR**

List: \_\_\_\_\_

**2. Limitations. Choose all that apply.**

a.  Mother's  Father's  Other: \_\_\_\_\_ parenting time is limited in the following way: \_\_\_\_\_

\_\_\_\_\_

If there is a cost to this limitation, that cost will be divided \_\_\_% Mother \_\_\_% Father.

Limitations will continue until: \_\_\_\_\_.

b.  Mother's  Father's  Other: \_\_\_\_\_ parenting time must be supervised by: \_\_\_\_\_

\_\_\_\_\_

If there is a cost to supervision, that cost will be divided \_\_\_% Mother \_\_\_% Father.

Supervision will continue until: \_\_\_\_\_.

c.  Other: \_\_\_\_\_

\_\_\_\_\_

<p>_____,  <input type="checkbox"/> Petitioner,  _____,  <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p><b>Case No:</b> _____</p> <p><b>Attachment: Description of Existing Medical Coverage</b></p>
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**A. Current Coverage. Choose All That Apply.**

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

Carrier Name:

Policy No.:

Petitioner  Respondent must continue to provide medical coverage through this 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.

- ii.  The child(ren) receive medical assistance under Title XIX of the federal Social Security Act (Medicaid).

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

a.  Respondent  Petitioner is required to obtain individual health coverage for the child. Cost for medical coverage including premiums, deductibles, uncovered expenses, and copayments will be divided \_\_\_% to Petitioner and \_\_\_% to Respondent.

b.  Cost for obtaining individual health coverage for the child is unreasonable or not cost effective because:\_\_\_\_\_.

Respondent  Petitioner is responsible for obtaining health coverage for the child when it becomes available to the parent at a reasonable cost. Cost for the medical coverage including premiums, deductibles, uncovered expenses, and copayments will be divided \_\_\_% to Petitioner and \_\_\_% to Respondent.

**MP-300-G Description of Existing Medical Coverage**

**NOTICE: The cost of medical insurance or health benefit plan may be considered in a child support calculation if it is known at the time of calculation, but it is not necessarily a dollar for dollar credit.**

**B. 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 Petitioner must provide medical coverage for the child(ren), as long as it is available at reasonable cost, and as long as there is no other insurance plan that will better serve the parties.
- b. The Respondent must provide medical coverage for the child(ren), as long as it is available at reasonable cost, and as long as there is no other insurance plan that will better serve the parties.
- c. Both parties must provide insurance, if both parents have insurance plans that are at a combined reasonable cost and whose benefits are complementary or compatible with each other.
- e. If the primary parent has obtained individual insurance or a health benefits plan for the child, both parents may agree in writing to share the costs of maintaining the coverage.
- f. If circumstances change and a party believes that changes in cost are not reasonable or cost-beneficial, the party may ask the court to change the medical support order.

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Your mailing address

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

\_\_\_\_\_  
Your phone number

**Montana** \_\_\_\_\_ **Judicial District Court**  
*Number of the judicial district where you are filing*

\_\_\_\_\_  
**County**  
*Name of the county where you are filing*

	Cause No. _____
Petitioner	<b>CERTIFICATE OF SERVICE</b>
vs	
Respondent	

I, \_\_\_\_\_, swear (or affirm) under oath that:  
*(print your name)*

I served a copy of the attached \_\_\_\_\_

\_\_\_\_\_  
*(name of each of the documents that you filed in Court)*

upon \_\_\_\_\_,  
*(name of the opposing party)*

on \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
*(date) (month) (year)*

by

mailing a true and correct copy with postage prepaid and addressed as follows:

\_\_\_\_\_  
*(opposing party's name or name of opposing party's attorney, if he/she has one)*

\_\_\_\_\_  
*(opposing party's mailing address or mailing address of his/her attorney)*

\_\_\_\_\_  
*(city, state, zip code)*

hand delivering a true and correct copy to:

\_\_\_\_\_  
*(opposing party's name or name of opposing party's attorney, if he/she has one)*

DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
*(date) (month) (year)*

\_\_\_\_\_  
*(Your signature)*