

How to file for a Parenting Plan

DISCLAIMER

Information Not Legal Advice. This document has been prepared for general information purposes only. The information provided is not legal advice. Legal advice is dependent upon the specific circumstances of each situation. Also, the law may vary from state to state, so that some information may not be correct for your jurisdiction. Finally, the information contained in this document is not guaranteed to be up to date. The information cannot replace the advice of competent legal counsel licensed in your state.

What is the Process?

NOTE: The steps for filing for a parenting plan 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 right procedures.

Need Privacy?

Unless you ask the Court to protect information, everything filed with the court may be viewed by the public. Separate forms may be filed to protect information in your case files from being available for public view. These forms are available in the Privacy Protection Packet, available at www.courts.mt.gov "Forms," at www.MontanaLawHelp.org or by calling or visiting your local Self Help Law Center.

NEED HELP? There are resources available to assist you in filling out these forms.

The Court Help Program. The Court Help Program provides assistance to people representing themselves in court. There are self help law centers located throughout the state to assist you on a walk in basis and travelling appointments to other courthouses. Self help staff are not lawyers and cannot provide legal advice. Staff are informed about the court process and can answer many questions as well as review your forms for completeness. Find the Court Help services near you: www.courts.mt.gov/selfhelp

Montana Legal Services Association. Montana Legal Services Association coordinates volunteer attorney legal resources at a free or reduced cost. If you qualify financially for assistance, Montana Legal Services may connect you with a pro bono attorney, an attorney at a reduced fee, or local attorney resources in your area. Visit www.montanalawhelp.org, www.mtlsa.org, or call MLSA at 1-800-666-6899.

State Bar of Montana. If you are interested in hiring an attorney to advise you or represent you in this matter, the State Bar Lawyer and Information Referral Service is a database of attorneys. You can be connected with attorneys for any place in the state to help your family legal matter. Access the Lawyer Referral and Information Service by

visiting www.montanabar.org or calling 1(406)449-6577.

STEP ONE: Fill out the forms you need. Read all of the forms listed in Step two to determine which forms will be most appropriate for your situation. Fill out these forms completely. Be sure to read “Introduction to Family Law in Montana” before you begin filling out the forms. It will highlight the major decisions you will have to make.

STEP TWO: File Documents.

Court documents for a parenting plan are filed at the Clerk of District Court office in the county where you or your children are living. After filling out the appropriate forms, make 3 sets of copies (4 sets of forms total) of the forms that start your case. Take all of the copies with you to the Clerk of District Court office.

The original set of forms will be kept by the Clerk of Court. One copy you will keep in a safe place, and the other copies you will serve on the other parent and the Department of Health and Human Services in Step three.

Here is a list of the forms you need to bring to the Clerk of District Court to start the case:

1. Petition for Parenting Plan **MP 114**
2. Summons – Parenting Plan **MP 414**
3. Proposed Parenting Plan **MP 300**
4. (If required) Holidays, Vacations, and Special Occasions **MP 300 B**
5. (If required) Limited Parenting Visitation **MP 300 C.**
6. (If required) Description of Existing Medical Coverage **MP 300 G**
7. (If required) Notice to a Person Not Named - **MP 407**
8. Vital Statistics form. You can find this form in the back of the packet or online at dphhs.mt.gov/CSED. File this form with the Clerk of Court when you file your other paperwork.

There is a charge for filing for a parenting plan in Montana. If you have financial hardship and cannot afford to pay the court, you may fill out a Form titled “Affidavit of Inability to Pay Filing Fee,” available at www.courts.mt.gov and at www.MontanaLawHelp.org or by calling or visiting your local Self Help Law Center.

***NOTE:** If you completed **MP 407**, You must also mail a copy of the **MP 407** to each person listed on the form

STEP THREE: Serve the other parent and the Department of Health and Human Services (DPHHS).

A. Serving the Department of Health and Human Services.

If you or the other parent receives Title IV-D services, you must serve the Department of Health and Human Services (DPHHS) by mailing or delivering to your nearest Child Support and Enforcement Division (CSED) the following:

1. Notice and Acknowledgement to CSED **MP 404**

AND copies of the following documents that you filed with the Court in Step One:

2. Petition for Parenting Plan **MP 114**
3. Proposed Parenting Plan **MP 300**
4. (If required) Holidays, Vacations, and Special Occasions **MP 300 B**
5. (If required) Limited Parenting Visitation **MP 300 C.**
6. (If required) Description of Existing Medical Coverage **MP 300 G**

Follow these steps:

Complete the first 3 pages of **MP 404** with your own information.

On page 4, fill out the top portion with the Judicial District, County, names of the parties, and the case number. Also fill in the address for the Clerk of Court on the last page.

When mailing **MP 404** Notice and Acknowledgement to CSED, include a stamped envelope addressed to the Clerk of Court in your county so it can be mailed back to them.

B. Serving the Other Parent.

You must serve the other parent the following documents by one of the four options described below:

1. Petition for Parenting Plan **MP 114**
2. Summons – Parenting Plan **MP 414**
3. Proposed Parenting Plan **MP 300**
4. (If required) Holidays, Vacations, and Special Occasions **MP 300 B**
5. (If required) Limited Parenting Visitation **MP 300 C.**
6. (If required) Description of Existing Medical Coverage **MP 300 G**

You may serve the other parent by one of four methods: (1) Service by Sheriff, (2) Service through Notice and Acknowledgement of the other parent, (3) a private process server, or (4) Service by Publication. The method of service most appropriate depends on the details of your case and your relationship.

OPTION #1: Service by the Sheriff.

Service by Sheriff may be most appropriate for you if:

- You are concerned about your safety,
- You are not communicating well with the other parent, or
- You would like your case to move forward quickly.

Service by Sheriff is accomplished by delivering or mailing to the Sheriff in the County where the other parent resides

1. Copies of all documents listed 1-6 above,

AND

2. Original and Copy of the Request for Sheriff to Serve Documents **MP-401.3.** *The original was given back to you after approved by the Clerk of District Court in Step Two.

The Sherriff's Department usually charges a fee for service of process. If you have an Affidavit of Inability to Pay your Filing Fee approved by the Court, the Sheriff may waive the service fee.

OPTION #2: Service through Notice and Acknowledgement of the Other Parent.

Service through Notice and Acknowledgment of the other parent may be most appropriate for you if:

- You have regular communication with the other parent
- You believe you and the other parent will cooperate
- You are willing to allow the other parent extra time to respond to your petition.

In order to serve the other parent by acknowledgment, you can hand deliver or send vial mail:

1. Copies of all documents listed 1-6 above,

AND

2. Notice and Acknowledgment of Service **MP 403.14 & 403.24.**

OPTION #3: Private Process Server. Service by a personal process server may be appropriate if:

- You are having trouble locating or serving the other parent by other means.
- You have the ability to hire a process server at less cost than a Sheriff (because you do not have an Affidavit of Inability to Pay or you are serving someone out of State).

The personal process server of your choice may have specific requirements. Personal process servers will also likely charge a fee. At a minimum, your personal process service must serve the other parent:

1. Copies of all documents listed 1-6 above,

AND

2. Praecipe. This form is available on the State Law Library website.

OPTION #4: Service by Publication. Service by publication is an option of last resort and should only be pursued if:

- All other methods to serve the other parent have failed
- You and everyone you know have no information about where the other parent is.

Service by Publication requires a long process of filing many documents with the court. Service by Publication may also involve an additional expense imposed by

the newspaper you are ordered to publish notice in:

1. Request for Order Granting Service of Summons by Publication **MP 402.1**
2. Order for Service of Summons by Publication **MP 402.2**
3. Summons for Publication **MP 402.3**

Only after the Court has approved your request and signed an Order allowing Service by Publication can you proceed with service by publication.

STEP FOUR: Wait and work towards a resolution.

After the other parent is served, they have 21 days to respond to the petition. During this time you may discover many important things about your case.

If the other parent disagrees with any part of your proposed property distribution or parenting plan they may file an Answer to your petition. Along with an Answer, the other parent may file their own proposed parenting plan. At that time, you can decide whether there is any room for agreement on some or all of your proposals.

MEDIATION: If you do not agree but you think you could come to some agreement, you may choose go to mediation. Some courts require litigants to go to mediation before setting a hearing to finalize the case. Mediation is a process where a neutral facilitator (called a “mediator”) helps both people come up with a shared solution. Mediation is confidential and agreements made in mediation will only be filed in Court when both you and the other parent agree. Mediation can be a cost effective way to find a compromise and speed up the dissolution process.

If, at any time, you change your mind, you may “amend” your proposal by filing a motion and a new version of your proposal. The other parent will have additional time to respond to new proposals. If you come to an agreement, you can file with the Court a Notice of Agreement **MP 612** and the proposed agreement in writing.

STEP FIVE: Request a final hearing.

Once the time for the other parent to respond has expired, you can request a hearing to finalize your parenting plan. You will complete and file these forms at the Clerk of District Court:

1. Request for a Hearing and Default by Clerk **MP 721**
*If the other parent did not respond to your petition, you may request a default judgment on this form. Which means you are asking the Court to consider only what you have filed in making a decision.
2. Order Granting Hearing for Parenting Plan **MP 722**
 - a. **Provide a self-addressed stamped envelope for the Court.**
3. (Optional) New proposals or agreements. In order to make sure the Court considers new proposals or agreements between you and the other parent, you will file all completed forms at this time.

STEP SIX: Attend your final hearing.

Attending your hearing is very important. The judge will ask you questions about your children. This is the time for the judge to make a decision on your parenting plan. After the judge has made a decision, the Judge will sign the Parenting Plan **MP 300**. The Court will adopt the version of the Proposed Parenting Plan **MP 300** that the Court considers fair and in the best interest of your children. The Court will indicate which parenting plan is “Court Ordered” by signing the document.

Keep your copy of your Parenting Plan in a safe place. You can make extra copies of your Parenting Plan for day care providers, schools, and law enforcement.



Filing Process for a Parenting Plan

Step 1: Filing Initial Documents (Petitioner)

1. **MP-113** Petition (Attachments used when necessary)
 - a. **MP-113B** Additional Children
 - b. **MP-113C** Additional Residences for Children
 - c. **MP-113D** Additional People Who Claim Custody
 - d. **MP-113E** Additional Court Cases
2. **MP-300** Proposed Parenting Plan (Attachments for specific parenting time schedules if necessary):
 - a. **MP-300B** Holiday, Vacation, Special Occasions
 - b. **MP-300C** Limited Parenting Time
 - c. **MP-300G** Description of Existing Medical Coverage



Step 2: Service Documents

1. **MP-414** Summons
 2. **MP-404** Notice and Acknowledgement to CSED and Attorney General (when necessary)
- *How to Serve the Other Party
- A. **MP-401.3** Request for Sheriff to Serve Documents
 - B. **MP-403.14** Notice and Acknowledgement of Service by Certified Mail – Parenting Plan or;
 - a. **MP-403.24** Acknowledgement of Service by Mail – Parenting Plan
 - C. **MP-407** Notice to Person Not Named



Step 3: Request for Default Judgement

1. **MP-721** Request for a Hearing on Parenting Plan
 - a. Petitioner can request default judgement using **MP-721**
2. **MP-722** Order Granting Hearing on Parenting Plan

Step 4 (If Respondent files an answer): Mediation

1. **MP-611.1** Motion to Request Order for Mediation
2. **MP-611.2** Mediation Summary (Mediator fills out)
3. **MP-611.3** Order for Mediation
4. **MP-612** Notice of Agreement (w/ Attached Exhibits)



Step 5: Request for final hearing

1. **MP-721** Request for a Hearing on Parenting Plan
 2. **MP-722** Order Granting Hearing on Parenting Plan
- Incorporated by reference:
- A. **MP-300** Final Court Ordered Parenting Plan and Parenting Time Attachments
 - B. **Child Support Calculation**
3. Vital Statistics (Last filing)

21 Days for
Respondent's
Answer
(**MP-203**)



Following
Step 2

*Interim Parenting Plan can also be request by filing:
MP-610.1 Motion to Adopt Proposed PP as Interim PP and Statement in Support
MP-610.4 Order Adopting Interim PP and Setting Hearing

Document Checklist

- MP 114** - Petition for Parenting Plan (3 copies, 4 total)

Attachments:

- MP 113 B** - Additional Children
- MP 113 C** - Additional Residencies for Children
- MP 113 D** - Additional People Who Claim Custody
- MP 113 E** - Additional Court Cases

- MP 300** Parenting Plan / Signed by Judge: _____ (3 copies, 4 total)

Attachments:

- MP 300 B** – Holiday, Vacation, Special Occasions
- MP 300 C** – Limited Parenting Time
- MP 300 E (Hand-written in top right corner of document)** – CSED Calculation and Order
- MP 300 G** – Description of Existing Medical Coverage

- MP 414** – Summons (1 copy, 2 total)

Returned Service Document / Attempts to Serve:

- MP 401** – Request for Sheriff to Serve
- MP 403.2** – Acknowledgement of Service by Certified Mail
 - (Mailed to Respondent but not returned) MP 403.1** – Notice and Request for Acknowledgement
- MP 402.1** – Request for Order Granting Service by Publication
- MP 404** – Notice and Acknowledgement to CSED and Attorney General
- MP 407** – Notice to Person Not Named

- MP 610.1** -Motion to Adopt Proposed PP as Interim PP and Statement in Support
- Emergency Parenting Plan (blank motion packet and MP 300 Parenting Plan)**

- MP 611.1** - Motion to Request Order for Mediation
- MP 611.2** - Mediation Summary (Mediator fills out)
- MP 611.3** - Order for Mediation
- MP 612** - Notice of Agreement (w/ Attached Exhibits)

- MP 721** – Request for Hearing
 - Request for Default**
- MP 722** – Order Granting Hearing on Parenting Plan
- Vital Statistics**

Name

Mailing Address

City State Zip Code

Phone Number

E-mail Address (optional)

Petitioner/Plaintiff Respondent/Defendant

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

IN THE JUSTICE COURT OF _____ COUNTY, STATE OF MONTANA

IN THE MUNICIPAL OR CITY COURT OF _____, MONTANA

Petitioner / Plaintiff,

and

Respondent / Defendant.

Case No: _____
(leave blank, the clerk will write in)

Statement of Inability to Pay Court Costs and Fees

I have a good cause of action or defense but am unable to pay filing or other court fees. I request the court waive the costs and fees. I provide the following information.

My full legal name is: _____. I was born in this month _____ and this year _____.

I am represented by an entity that provides free legal services to low-income persons.

Or

I am represented by a volunteer/pro bono attorney, and am financially eligible for free legal services. (Attach a certificate of eligibility from legal aid organization to this form.)

Or

I receive one or more of these benefits: (Check the box for each benefit you receive.)

SNAP TANF SSI Medicaid WIC LIEAP

If you checked any one of the three boxes above, skip to the end of this form, and sign the declaration on page 3. You don't need to fill out the remainder of the form.

If you did not check a box above, you may still qualify for a fee waiver. Please continue to fill out pages 2 and 3 of this form so the court has the information it needs to decide if you qualify for the fee waiver.

I. INCOME (Complete this Section to the best of your ability.)

What do you do for work? _____ Who is your employer? _____

What is your household's annual income, before taxes? _____ How many people are in your household? ____
 (The tables below will help you answer these questions, if you are not sure what to put in the blanks.)

If you are unemployed, when were you last employed (Month, Year)? _____ Your job? _____

Are you married? Yes No Separated Getting Divorced **NOTE:** If you are not married, if you and your spouse are separated, or if one of you is filing for dissolution of marriage, you do not need to provide your spouse's income below.

Fill in the chart below with the income received by you, and by your spouse, if applicable. Put a "0" in each blank if you or your spouse don't receive the income listed.

Income Sources	Amount YOU receive per month before taxes	Amount YOUR SPOUSE receives per month before taxes
Employment	\$	\$
Retirement/Pension	\$	\$
Workers' Compensation	\$	\$
Social Security	\$	\$
Unemployment	\$	\$
Government Benefits	\$	\$
Child Support Received	\$	\$
A person or agency pays my rent or other monthly expenses and the amount is: _____	\$	\$
Other Income—e.g., rental income, stocks, investments, etc.—describe: _____	\$	\$
Total here:	\$	\$

What is your household size? How many persons, if any, depend on you financially? If none, then write "N/A" below. Attach another page if needed and check here to tell the court you attached another page:

Dependents (Initials Only)	Age	Relationship to You
1.		
2.		
3.		
4.		
5.		

II. ASSETS *(Complete this Section to the best of your ability.)*

What property do you and your spouse own? Include your spouse's property if you are married and not separated and not filing for dissolution. Fill in the chart below, only listing items that you could sell for \$600 or more. If you don't own an item listed, write "N/A" in the "Value" column for that item. "Value" means the total amount the item(s) identified in a column would sell for, minus the amount you still owe on the item(s), if anything.

Asset	Value
Cash (This includes the money in your savings and checking accounts)	\$
Vehicle 1: provide year, make and model _____	\$
Vehicle 2: provide year, make and model _____	\$
Home where you live now	\$
Real estate or other homes/mobile homes (Not including the home you are living in now)	\$
Recreational vehicle(s) such as snowmobile, ATV, camper/RV, boat, motorcycle, etc.	\$
Guns or other collections	\$
Other Item(s) worth more than \$600—describe: _____	\$

III. DEBTS AND EXTRAORDINARY EXPENSES *(Complete this Section to the best of your ability.)*

What bills do you and your spouse pay each month? Fill in the chart below.

Monthly Expenses	Value
Housing Expense: Mortgage or Rent	\$
General Household Expenses: Utilities, Phone/Internet/Cable, etc.	\$
Insurance Expenses, Healthcare Costs and/or Medical Debt(s)	\$
Childcare Expenses	\$
Other Extraordinary Expenses: e.g., Collection actions, Student Loans—describe:	\$

IV. ADDITIONAL INFORMATION *(This Section is optional.)*

If you have additional information that you want the court to consider about your inability to pay court costs, write that information under your signature below or attach an extra page. Check here if you attached another page:

V. DECLARATION *(This Section is Required.)*

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: _____

Court Use Only

- MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY
- IN THE JUSTICE COURT OF _____ COUNTY, STATE OF MONTANA
- IN THE MUNICIPAL OR CITY COURT OF _____, MONTANA

<p>_____, Petitioner / Plaintiff,</p> <p>and</p> <p>_____, Respondent / Defendant.</p>	<p>Case No: _____ (leave blank, the clerk will write in)</p> <p>Order Regarding Statement of Inability to Pay Court Costs</p>
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**Warning! Read carefully the section checked below.
It is a court order.**

- Waiver of court costs is **Granted**. Declarant shall proceed without payment of court fees or costs.
- Temporary Waiver of court costs is **Granted**. Declarant may file without payment of court fees or costs, but the Court may determine at a later time that the declarant has the ability to pay all fees or costs and will require declarant to do so.
- Temporary Waiver of fees is **Granted**. Declarant may file without payment of court fees or costs, but must appear before the Court at _____ a.m/p.m. on the ____ day of _____ and show cause why the declarant lacks the ability to pay all fees or costs.

Warning! If this third box is checked, you must come to court on the date ordered above. If you don't come, the judge will deny your request to waive court costs, and you will have to pay the court costs.

- Waiver of Fees and costs is **Denied**. Waiver is denied based on the following:

Ordered this ____ day of _____, 20____.

Presiding Judge

Name

Mailing Address

City, State Zip Code

Phone Number

E-mail Address (optional)

Petitioner Respondent Co Petitioners

Appearing without a lawyer

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

In re the Parenting of:

_____,
(name(s) of minor child(ren))

_____,
(First, Middle, Last) Petitioner (you),

and

_____,
(First, Middle, Last) Respondent (other parent).

Case No: _____

(leave blank, the clerk will write in)

Petition for Parenting Plan

1. Jurisdiction of the children. Choose the most accurate description.

- Our child(ren) lived in Montana for at least 6 consecutive months immediately before this case was filed. This makes Montana our child(ren)'s home state. If a child(ren) is less than six months old, the child(ren) lived in Montana since birth.

OR

- Montana was the home state of the child(ren) within six months of this case being filed, and one parent continues to reside in Montana.

OR

- The child(ren) and one parent have significant connections with Montana and substantial evidence about them is in Montana.

OR

MP-114 Petition for Parenting Plan

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The child(ren) are physically present in Montana and have been abandoned, the child(ren) are with a caretaker relative who was given custody, or an emergency exists requiring the child(ren)'s protection.

OR

a. No other state has jurisdiction over the child(ren) or the other state has declined jurisdiction over the children.

2. You are the Petitioner. Your information:

Name First: _____ Middle: _____ Last: _____

Your e-mail address (optional): _____

Your Mailing Address: _____

City: _____ State: _____ County: _____

Your Physical Address: _____

City: _____ State: _____ County: _____

Your Year of Birth: _____ Age: _____ Your occupation: _____

How long have you lived in Montana? _____

3. The other parent is the Respondent. Other parent's information:

Name First: _____ Middle: _____ Last: _____

E-mail address (optional): _____

Mailing Address: _____

City: _____ State: _____ County: _____

Physical Address: _____

City: _____ State: _____ County: _____

Year of Birth: _____ Age: _____ occupation: _____

How long have they lived in Montana? _____

4. Pregnancy. Choose one.

The mother is not pregnant.

OR

The mother is pregnant and the other parent is the father.

OR

The mother is pregnant and is unsure who the other parent is.

OR

The mother is pregnant and the other parent is not the father.

Notice: A parenting plan must be filed after the child is born if the mother is pregnant and the other parent is the father or the father is not known.

5. All minor children, including those born to or adopted by both parties.

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).

State law requires this information. You can find this law at § 40-7-110, M.C.A. 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. Other Court Cases. Choose One.

State law requires this information. You can find this law at § 40-7-110, M.C.A.

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)*

8. Other people. Choose one:

I don't know of any other person, not the other parent, 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.)*

9. Parenting Plan.

It is in the best interest of our 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.

10. Other:

I ask the court to take the following action:

1. Adopt the Petitioner’s proposed parenting plan, including parenting time, child support, and medical support.
2. If the court deems proper, award me my attorneys’ fees and court costs pursuant to § 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: _____

<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>Case No: _____</p> <p>Attachment: List of additional children of this relationship</p>
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Name	Age	Year of Birth	If minor, primary home
			<input type="checkbox"/> Mother <input type="checkbox"/> Shared <input type="checkbox"/> Father <input type="checkbox"/> Other _____
			<input type="checkbox"/> Mother <input type="checkbox"/> Shared <input type="checkbox"/> Father <input type="checkbox"/> Other _____
			<input type="checkbox"/> Mother <input type="checkbox"/> Shared <input type="checkbox"/> Father <input type="checkbox"/> Other _____
			<input type="checkbox"/> Mother <input type="checkbox"/> Shared <input type="checkbox"/> Father <input type="checkbox"/> Other _____
			<input type="checkbox"/> Mother <input type="checkbox"/> Shared <input type="checkbox"/> Father <input type="checkbox"/> Other _____
			<input type="checkbox"/> Mother <input type="checkbox"/> Shared <input type="checkbox"/> Father <input type="checkbox"/> Other _____
			<input type="checkbox"/> Mother <input type="checkbox"/> Shared <input type="checkbox"/> Father <input type="checkbox"/> Other _____
			<input type="checkbox"/> Mother <input type="checkbox"/> Shared <input type="checkbox"/> Father <input type="checkbox"/> Other _____
			<input type="checkbox"/> Mother <input type="checkbox"/> Shared <input type="checkbox"/> Father <input type="checkbox"/> Other _____

MP-300-B List of Additional Children

<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>Case No: _____</p> <p>Attachment: Additional Children Residences</p>
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Children's Names	Address	Starting MM/YY	Ending MM/YY	List of all other people living at this location, their relationship with child, and current address

<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>Case No: _____</p> <p>Attachment: Additional People who Claim Custody</p>
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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
			<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
			<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

<p>_____, <input type="checkbox"/> Petitioner <input type="checkbox"/> Co Petitioner,</p> <p>_____, <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p>Case No: _____</p> <p>Attachment: Additional Court Cases</p>
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Other: *(describe)* _____
 Court: _____ Case No: _____
 I participated as a party witness other: _____
 I didn't participate.

Other: *(describe)* _____
 Court: _____ Case No: _____
 I participated as a party witness other: _____
 I didn't participate.

Other: *(describe)* _____
 Court: _____ Case No: _____
 I participated as a party witness other: _____
 I didn't participate.

Other: *(describe)* _____
 Court: _____ Case No: _____
 I participated as a party witness other: _____
 I didn't participate.

Other: *(describe)* _____
 Court: _____ Case No: _____
 I participated as a party witness other: _____
 I didn't participate.

Other: *(describe)* _____
 Court: _____ Case No: _____
 I participated as a party witness other: _____
 I didn't participate.

MP-113-E Additional Court Cases

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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This form may be used for non-commercial purposes only

- 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 1st 2nd 3rd 4th 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)*

(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: _____

c. Other *(specify)* _____

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:

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:

27. Other Provision:

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

(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__.

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>Case No: _____</p> <p>Attachment: Parenting Time Schedule</p>
---	--

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 1st 2nd 3rd 4th 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>Case No: _____</p> <p>Attachment: Holidays, Vacation, and Special Occasions</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:

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 th			<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		
Holiday	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
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:

<p>_____, <input type="checkbox"/> Petitioner, _____, <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p>Case No: _____</p> <p>Attachment: Limited Parenting Time</p>
---	---

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>Case No: _____</p> <p>Attachment: Description of Existing Medical Coverage</p>
---	---

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.

Name

Mailing Address

City, State Zip Code

Phone Number

Petitioner appearing without a lawyer

MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

In re the Parenting of:
_____,
(name(s) of minor child(ren))
_____,
(First, Middle, Last) Petitioner *(you)*,
and
_____,
(First, Middle, Last) Respondent *(other parent)*.

Case No: _____
(leave blank, the clerk will complete)

Summons

NOTICE: You are named in this family-law lawsuit. The court may make a decision without your involvement unless you submit a written response to the court and to the Petitioner within 21 days. Read the information below.

A petition was filed with the Clerk of District Court asking the court to approve a final parenting plan for your children. You received a copy of the petition for dissolution with this summons.

You must submit a written response to the Clerk of District Court and send a copy to the Petitioner within 21 calendar days. Day 1 of the 21-day period is the day after you received this Summons. If the 21st day falls on a weekend or court holiday, you may submit your response on the next business day. You must either pay a fee to submit your response or ask the court in writing to waive the fee. You can find forms for responding to a petition and waiving court fees at: www.courts.mt.gov.

If you do not submit a response, the court may give Petitioner everything they asked for in the Petition.

DATED this _____ day of _____, 20____.

(Seal)

Clerk of Court

By: _____
Deputy Clerk

Name

Mailing Address

City, State Zip Code

Phone Number

E-mail Address (optional)

Petitioner
Appearing without a lawyer

MONTANA _____ **JUDICIAL DISTRICT COURT** _____ **COUNTY**

In re the Parenting of: _____ <i>(name(s) of minor child(ren))</i> _____ <i>(First, Middle, Last)</i> Petitioner <i>(you)</i> , and _____ <i>(First, Middle, Last)</i> Respondent <i>(other parent)</i> .	Case No: _____ <i>(leave blank, the clerk will complete)</i> Request for Sheriff to Serve Documents
--	---

To the Sheriff of _____ County:

Please serve upon the Respondent the following documents:

- Summons (original and one copy)
- Petition for Parenting Plan
- Petitioner's Proposed Parenting Plan
- Optional: Notice and Acknowledgment to Child Support Enforcement Division
- Optional: Notice of Filing Montana Child Support Guidelines Financial Affidavit
- _____
- _____

Also enclosed is:

- The Petitioner's Affidavit and Order of Inability to Pay Filing Fees which waives the fee for service in this matter;

OR

- \$_____ to cover the fee for service in this matter

1. Physical Description of Respondent: ___ ft ___ inches. Hair color _____ Eye Color _____

Other: _____

2. The Respondent does not/ does carry a weapon.

3. At present, the Respondent can be found:

At his/her residence: _____.

Times normally at this address: __:__ a/p to __:__ a/p and __:__ a/p to __:__ a/p.

Other: _____.

At his/her place of employment: _____.

Times normally at this address: __:__ a/p to __:__ a/p and __:__ a/p to __:__ a/p.

Other: _____.

Other location: _____.

Times normally at this address: __:__ a/p to __:__ a/p and __:__ a/p to __:__ a/p.

Other: _____.

Please serve the papers on the Respondent as soon as possible. Please return the original Summons to me at the address above, along with proof of service or a statement that you were unable to locate the Respondent.

Dated this _____ day of _____, 20____.

Petitioner appearing without a lawyer (*sign here*)

Record of Service (for Sheriff's use only)

I certify that: **Choose One**

- I personally served the following documents:
 - Summons (original and one copy)
 - Petition for Parenting Plan
 - Petitioner's Proposed Parenting Plan
 - Optional: Notice and Acknowledgment to Child Support Enforcement Division
 - Optional: Notice of Filing Montana Child Support Guidelines Financial Affidavit
 - _____

on the Respondent by delivering a copy to him/her personally on the _____ day of _____, 20____, at _____
in the County of _____, State of _____.

OR

After due effort, I was unable to locate or serve the Respondent in the County of _____, State of _____.

Dated this _____ day of _____, 20____.

Sheriff
By: _____
Deputy Sheriff

Name

Mailing Address

City, State Zip Code

Phone Number

E-mail Address (optional)

Petitioner appearing without a lawyer

MONTANA _____ **JUDICIAL DISTRICT COURT** _____ **COUNTY**

In re the Parenting of:
_____,
(name(s) of minor child(ren))
_____,
(First, Middle, Last) Petitioner (you),
and
_____,
(First, Middle, Last) Respondent (other parent).

Case No: _____
(leave blank, the clerk will complete)

**Notice and Request for
Acknowledgment of Service
of Summons and Petition for Parenting
Plan for Minor Children**

NOTICE To: *(your spouse's name)* _____, Respondent:

I am serving the following documents according to the rules of civil procedure.
You can find the rules at the Montana Rules of Civil Procedure Rule 4(D)(3)(A):

- Summons (MP-414)
- Petition for Parenting Plan (MP-114)
- Petitioner's Proposed Parenting Plan (MP-300)
- _____



You were sent papers in the mail or the papers were hand delivered, now what?

Why is my name on these papers?

- ∞ You are named in a family law case.
- ∞ A petition to get a parenting plan was filed in district court.

Why did I get these papers in the mail or delivered to me?

- ∞ Your child(ren)'s other parent is trying to serve you without having to use a sheriff or other process server.

IMPORTANT: Keep a copy of these papers for your records.

I don't want to have a sheriff serve me, what can I do?

- ∞ Fill out the acknowledgment part of this form;
- ∞ Put it in the enclosed stamped return envelope;
- ∞ Return it to your spouse within 21 days after the date it was received .

What does it mean if I fill out and return the acknowledgment?

- ∞ Filling out and returning the acknowledgment means that you received these papers.
- ∞ It doesn't mean that you agree with what is in the parenting plan.

If I fill out and return the acknowledgement, do I need to do anything else?

- ∞ You must submit a written response to the court and your spouse within 21 days. If you don't submit a written response, the court may decide against you without you being heard.
- ∞ You must pay a fee to submit your written response, or ask the court to waive the fee if you are low income.

What happens if I don't fill out and return the acknowledgment?

- ∞ If you don't fill out and return the acknowledgment within 21 days after it was mailed or delivered:
 - You will be served with these papers by the sheriff or other process server.
 - You may have to pay the costs of serving you.

Where can I get help?

- ∞ You can find a response form and the closest Self Help Law Center at: courts.mt.gov/selfhelp
- ∞ You can find more information at www.MontanaLawHelp.org

CERTIFICATE OF MAILING OR HAND DELIVERY

On _____ day of _____, 20____, I sent by certified mail, postage prepaid or delivered by hand the following documents:

- Two copies of this Notice and Acknowledgement of Service by Mail or hand delivered and a stamped return envelope (MP-403.14)
- Summons (MP-414)
- Petition for Parenting Plan (MP-114)
- Petitioner’s Proposed Parenting Plan (MP-300)
- _____
- _____

to Respondent at:

(mailing address)

Date of Signature

Petitioner Signature
Appearing without a lawyer

Print Name

Name

Mailing Address

City, State Zip Code

Phone Number

E-mail Address (optional)

Respondent appearing without a lawyer

MONTANA _____ **JUDICIAL DISTRICT COURT** _____ **COUNTY**

<p>In re the Parenting of:</p> <p>_____, <i>(name(s) of minor child(ren))</i></p> <p>_____, <i>(First, Middle, Last) Petitioner (you),</i></p> <p>and</p> <p>_____, <i>(First, Middle, Last) Respondent (other parent).</i></p>	<p>Case No: _____</p> <p>Acknowledgment of Service of Summons and Petition for Parenting Plan for Minor Children</p>
---	--

I state that:

1. I am the Respondent in this case.
2. I accept service of the following documents:
 - Summons
 - Petition for Parenting Plan
 - Petitioner's Proposed Parenting Plan
 - _____
 - _____
3. I received a copy of these documents on the _____ day of _____, 20____.
4. I understand the date I received these documents is the date I was served.

MP-403.24 Acknowledgment of Service

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: _____

Your Printed Name: _____

Name

Mailing Address

City, State Zip Code

Phone Number

Petitioner appearing without a lawyer

Name

Mailing Address

City, State Zip Code

Phone Number

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: _____
(leave blank, the clerk will write in)

**Notice and Acknowledgment
to Deputy Attorney General with the
Child Support Enforcement Division**

NOTICE TO: • **State of Montana, Deputy Attorney General with the Department of
Public Health and Human Services, Child Support Enforcement
Division**

MP-404 Notice to CSED

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This form may be used for non-commercial purposes

A petition to [] dissolve this marriage and establish a parenting plan / [] establish a parenting plan, including child support was filed in district court. A copy of the petition and proposed parenting plan is attached to this notice.

Dated this _____ day of _____, 20____.

Petitioner appearing without a lawyer (*sign here*)

Print Name

Co-Petitioner appearing without a lawyer (*sign here*)

Print Name

CERTIFICATE OF MAILING

On _____ day of _____, 20____, I sent by mail, postage prepaid, the following documents:

- Notice and Acknowledgment to Deputy Attorney General with the Department of Health and Human Services, Child Support Enforcement Division
- Petition for Dissolution of Marriage With Children
- Petitioner's Proposed Parenting Plan
- _____
- _____

To: Department of Public Health and Human Services,
Child Support Enforcement
Division

(Street)

(City) (State) (Zip)

MP-404 Notice to CSED

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Date *(the date you signed this)*

Petitioner appearing without a lawyer *(sign here)*

Print Name

Co-Petitioner appearing without a lawyer *(sign here)*

Print Name

MONTANA _____ JUDICIAL DISTRICT COURT _____ COUNTY

<input type="checkbox"/> In re the Parenting of: _____, OR <input type="checkbox"/> In re the Marriage of: _____, and _____, <input type="checkbox"/> Petitioner, _____, <input type="checkbox"/> Co Petitioner <input type="checkbox"/> Respondent.	Case No: _____ Acknowledgment of Notice in Family Law Case
---	--

(The rest of this form will be filled out by the Department of Human Resources)

ACKNOWLEDGMENT OF NOTICE IN FAMILY LAW CASE

I acknowledge I received a copy of the Petitioner's Notice to Child Support Enforcement Division and a copy of the Petition and Proposed Parenting Plan.

Dated this _____ day of _____, 20____.

Signature

Print Name and Title

DECLINATION BY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

The Department of Public Health and Human Services declines to enter this case as a party.

Dated this _____ day of _____, 20____.

Signature

Print Name and Title

CERTIFICATE OF SERVICE
BY DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, CHILD SUPPORT
ENFORCEMENT DIVISION

On _____ day of _____, 20____, I sent by mail, postage prepaid, the Acknowledgment by Child Support Enforcement Division

To: Clerk of Court _____

(Street)

(City) (State) (Zip)

Date of Signature

Signature

Print Name and Title

Name

Mailing Address

City, State Zip Code

Phone Number

E-mail Address (optional)

Petitioner Respondent Co Petitioner

Appearing without a lawyer

MONTANA _____ **JUDICIAL DISTRICT COURT,** _____ **COUNTY**

<p>In re the <input type="checkbox"/> Marriage <input type="checkbox"/> Parenting of: _____, <input type="checkbox"/> Petitioner <input type="checkbox"/> Co Petitioner, and _____, <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner.</p>	<p>Case No: _____ <i>(leave blank, the clerk will complete)</i></p> <p>Notice to a Person not Named in the Case.</p>
---	--

A parenting case has been filed concerning the following children:

Pursuant to 40-4-211 (5) MCA, Notice of a parenting proceeding must be given to the child's parent, guardian, caretaker, those persons with whom the child is physically residing, and all other contestants, who may appear, be heard, and file a responsive pleading. The court, upon a showing of good cause, may permit intervention of other interested parties.

This notice is being provided to you because:

You are not required by law to respond to this notice or participate in the case.

MP-407 Notice to a Person Not Named

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This form may be used for non-commercial purposes only

If you are interested in this case or believe you should be a named party, you may file a **Motion to Intervene** with the Court named above and state your reasons for participating in the case.

NEED HELP? There are resources available to assist you in filing court forms.

The Court Help Program. The Court Help Program provides assistance to people representing themselves in court. There are self help law centers located throughout the state to assist you on a walk in basis and travelling appointments to other courthouses. Self help staff are not lawyers and cannot provide legal advice. Staff are informed about the court process and can answer many questions as well as review your forms for completeness. Find the Court Help services near you:

www.courts.mt.gov/selfhelp

Montana Legal Services Association. Montana Legal Services Association coordinates volunteer attorney legal resources at a free or reduced cost. If you qualify financially for assistance, Montana Legal Services may connect you with a pro bono attorney, an attorney at a reduced fee, or local attorney resources in your area. Visit www.montanalawhelp.org, www.mtlsa.org, or call MLSA at 1-800-666-6899.

State Bar of Montana. If you are interested in hiring an attorney to advise you or represent you in this matter, the State Bar Lawyer and Information Referral Service is a database of attorneys. You can be connected with attorneys for any place in the state to help your family legal matter. Access the Lawyer Referral and Information Service by visiting www.montanabar.org or calling 1(406)449-6577.

Dated this _____ day of _____, 20__.

Sign Here: _____ Print Name: _____

Petitioner Respondent Co-Petitioner

Respondent Co-Petitioner is participating in the case and we do not agree on all issues.

2. Child Support.

Petitioner Respondent Both parents have submitted to the Court:

Choose One:

Proposed Child Support Guidelines Calculation Worksheet(s)

OR

Child Support Enforcement Division Child Support Order.

3. Request for Hearing

Choose One:

Default Hearing - Respondent did not appear or otherwise respond to the Petition.

OR

Uncontested Hearing - Respondent Co-Petitioner is participating in the case and we agree on all issues.

OR

Contested Hearing - Respondent Co-Petitioner is participating in the case and we do not agree on all issues.

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__.

Signature: _____

Petitioner Respondent Co-Petitioner

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

Default Entered: ____/____/____

Default not entered.

COURT CLERK

MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY

<p>In re the Parenting of:</p> <p>_____, Minor Child(ren)</p> <p>_____, <input type="checkbox"/>Petitioner <input type="checkbox"/>Co Petitioner,</p> <p>and</p> <p>_____, <input type="checkbox"/>Respondent <input type="checkbox"/>Co Petitioner.</p>	<p>Case No: _____</p> <p>Court Order on Hearing for Parenting Plan</p>
--	---

The Court Orders that the final hearing in this matter (**Choose One**):

Is scheduled for the ____ day of _____, 20____, at _____
o'clock _____. In Court Room _____, located at _____,
Montana. The Court estimates this hearing will last approximately _____.

OR

- Will not be scheduled because (**Choose all that apply**):
- Proposed Child Support Order or Guidelines Calculation has not been submitted to the Court for consideration.
 - The Court does not have sufficient reason to believe that Service of Process was completed.

(Optional) The Court has noted within the

record: _____

_____.

It is ORDERED that (*Choose One*):

Parties must comply with this order as

follows: _____

_____.

Once parties have complied, either party may file a new **MP-721** Request for a Hearing and Statement of Compliance.

OR

Parties appear at the hearing as scheduled.

DATED this _____ day of _____, 20____.

DISTRICT COURT JUDGE

INSTRUCTIONS

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.

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"/> Child Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Medical Support:	\$ _____	per _____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Spousal Support: (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"/> 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": \$ _____

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 1st 2nd 3rd 4th 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)*

(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: _____

c. Other *(specify)* _____

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:

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:

27. Other Provision:

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

(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__.

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>Case No: _____</p> <p>Attachment: Parenting Time Schedule</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 1st 2nd 3rd 4th 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>Case No: _____</p> <p>Attachment: Holidays, Vacation, and Special Occasions</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:

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 th			<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		
Holiday	Start Time	End Time	Every Year	Even Years	Odd Years	Other:	N/A
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:

<p>_____, <input type="checkbox"/> Petitioner, _____, <input type="checkbox"/> Respondent <input type="checkbox"/> Co Petitioner .</p>	<p>Case No: _____</p> <p>Attachment: Limited Parenting Time</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>Case No: _____</p> <p>Attachment: Description of Existing Medical Coverage</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.