



Family Law Information Form

(For use with the HotDocs automated document assembly program)

Dissolution With Children

- The HotDocs program requires you to create a username and password.
- Please write your username and password below for future reference:

Username:

Password:

Initial Screening I

Are you married?

 Yes No

Are you seeking a dissolution from your spouse? (In Montana the legal word for divorce is “dissolution.” A dissolution legally ends a marriage.)

 Yes No

Do you and your spouse have one or more children together?

 Yes No

If ‘Yes’, how many children? _____

Are any of these children under age 18?

 Yes NoDo either you or your spouse still have custody of any of these children? (*Answer ‘No’ if your parental rights have been terminated for all of your children. Otherwise, answer ‘Yes.’*) Yes No

Initial Screening II

Are you or your spouse pregnant?

 Yes No

If “Yes” are you or your spouse pregnant with a child of this marriage?

 Yes No

If yes you will get a warning message that these forms may not be right for you as you can not set up a parenting plan for an unborn child.

Are you seeking maintenance from your spouse? (*In Montana the legal word for alimony or spousal support is “maintenance.”*) Yes No

If ‘yes’ you will get a warning message that this web site and form are not right for you. Talk to a lawyer before you continue with your dissolution.

Do you and your spouse own more than two pieces of real property between you? (*“Real property” is the legal term for land and things permanently attached to the land, like a house. A mobile home is not real property, but the land it is on is real property.*) Yes No

If ‘yes’ you will get a warning message that this web site and form are not right for you. Talk to a lawyer before you continue with your dissolution.

Have you lived in the county where you are planning on going to court for more than 90 days?

 Yes No

Initial Screening III

Do you know how to find your spouse?

Yes No

If you answer "Yes" to any of the following questions these form may not be right for you. You should talk to a lawyer before continuing with this web site. If you don't talk to a lawyer, you may lose important rights.

Do either you or your spouse own property outside of Montana? (A Montana court may not be able to divide or award property that is outside of Montana.)

Yes No

Do either you or your spouse have pensions, retirement benefits?

Yes No

Do either you or your spouse own a business or share in a business?

Yes No

Do either you or your spouse have complicated tax issues?

Yes No

Have either you or your spouse filed for bankruptcy without the other listed as a joint debtor?

Yes No

Have your children lived in the state of Montana for at least six months?

Yes No

Has child support already been set up for the children?

Yes No

If "No" you will get a warning message. After you acknowledge that these forms may not be right for you can continue. It is strongly recommended that you contact the Montana Child Support Enforcement Division at 1-800-346-5437 to set a child support order for your children.

Initial Screening IV

If you answer "No" to any of the next 3 questions these form may not be right for you. If you expect your spouse to disagree with you, you should talk to a lawyer before you continue with this web site.

Do you and your spouse agree about how your property should be divided?

Yes No

Do you and your spouse agree about how your debts should be divided?

Yes No

Do you and your spouse agree about the residential and visitation schedule for the children?

Yes No

If you answer "Yes" to the next question these forms may not be right for you. If you expect your spouse to disagree with you, you should talk to a lawyer before you continue with this web site.

Are you going to ask that your spouse have supervised or restricted visitation with the children?
 Yes No

If you answer "Yes" to either of the next 2 question these forms may not be right for you. Before you continue you should talk to a lawyer. To find out if you qualify for Montana Legal Services Association services please call the Helpline at 1-800-666-6899.

If you need immediate help call 911 or a victim advocate near you. To find a victim advocate, all the Montana Coalition against Domestic and Sexual Violence at 1-406-443-7794.

Has your spouse been violent or abusive toward your children in the past?
 Yes No

Has your spouse been violent or abusive toward you in the past?
 Yes No

Please fill in all the blanks. Do not abbreviate any words. Use the back of the paper or additional paper if you need to. Do not leave any questions blank! Mark it as "Not Applicable" or "N/A" if a question does not apply to you.

Petitioner Information (Information about You)

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City, State, Zip Code: _____

County of residence: _____ Day Phone: _____

Sex: Male Female Date of Birth: _____ Occupation: _____

How long have you lived in your **County**? _____ How long have you lived in Montana? _____

Respondent Information (Information about Your Spouse)

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City, State, Zip Code: _____

County of residence: _____ Day Phone: _____

Sex: Male Female Date of Birth: _____ Occupation: _____

How long has your spouse lived in Montana? _____

Filing and Serving Information

You must give copies of your court documents and a Summons to your spouse or the other parent. This is called serving the other party. Then your spouse or the other parent has a chance to respond. **Important:** The court will not give you a dissolution and/or parenting plan unless you file proof that the other party was served.

You can choose one of two ways to serve your spouse or the other parent.

(1) You can mail the documents to the other party. This way of serving is called "Notice and Acknowledgment." Your spouse or the other parent must sign a document call an Acknowledgment that tells the court that he or she received the documents. If he or she does not sign the Acknowledgment, you will have to serve him or her by a different method.

(2) You can have the sheriff serve the other party. You should have the sheriff serve the documents if your spouse or the other parent is not likely to cooperate by signing an Acknowledgment.

The following information may help the sheriff locate your spouse in order to serve him or her with court documents:

What county do you expect to file in? _____

Have you lived in this county for more than 90 days? (Either you or your spouse have to have lived in a county for at least 90 days before you can file for dissolution or a parenting plan in that county.)

- Yes
- No

How will your spouse be served? Please mark both selections. It will make things easier should you need the sheriff to serve him or her eventually.

- I will send or personally deliver documents to him or her.
- I will ask the sheriff to serve the documents on him or her.

What county should the sheriff serve your spouse in? _____

What does your spouse look like? (height, weight, hair and eye color, scars, tattoos, etc. **be as specific as possible**.) _____

Does he or she carry a weapon?
 Yes No I don't know

What is your spouse's street address (if different than the one given above)? _____

When can he or she be found at home? _____

Employer's Name: _____

Employer's Address: _____

When can he or she be found at work? _____

Are there other places where your spouse can often be found? Where? _____

When can he or she be found there? _____

Marriage Information

What type of marriage do you have?

- Marriage license Common law marriage Declaration of marriage

Marriage Date (example: 03/12/1995): _____

If your marriage was registered, where was it registered? (State, County) _____

Why do you want a dissolution?

- I do not get along with my spouse (also known as “marital discord.”)
 I have lived apart from my spouse for more than 180 days.

Are you currently living apart?

- Yes No

Date you began living apart? (example:03/12/1995): _____

Your answers to the following questions will be used to create a document called "Declaration of Disclosure of Assets, Debts, Income, and Expenses." This document is required by law. You must list any items that you and/or your spouse own and any items that you own with someone else. You must also list any debts that you and/or your spouse owe and any debts that you and someone else owe. It is important that you list everything. If you do not list all of your property, the court may give the property you don't list to your spouse. Even if you and your spouse have already divided your property and debts, you still must list everything. If you have property or debts that you got before you were married or after you were separated, you still must list them.

Property

Do you or your spouse own any real property? (“Real property” is the legal term for land and things permanently attached to the land, like a house. A mobile home is not real property, but the land it is on is real property.)

- Yes No

Do you or your spouse own a car or other vehicle?

- Yes No

Do you or your spouse have any personal property, including things like appliances, furniture, jewelry, art, guns and so on?

- Yes No

Have you already divided your personal property?

- Yes No

Do you or your spouse have any bank accounts?

- Yes No

Do you or your spouse have any pension or retirement accounts, life insurance, stocks, bonds, secured notes or mutual funds?

- Yes No

Do you or spouse own a business or part of a business?

- Yes No

How much cash do you have? _____

Do you have any other property or assets? Yes No

Debts

□

Do you or your spouse have any debts?

- Yes No

If 'Yes,' how should the court divide your and your spouse's debts?

- I need to tell the court how much of each debt that I should pay and how much my spouse should pay.
- My spouse should be responsible for the debts in my spouse's name and I should be responsible for the debts in my name.

List of Real Property: If you and/or your spouse own any land and/or property attached to the land (like a home), please list it here. Be sure to include the legal description of your property. If you do not know the legal description, you can ask your county's Clerk and Recorder.

First Property

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------|
| Street Address: | | |
| City: | State: | Zip Code: |
| Legal Description: _____ | | |
| Who currently owns this real property? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | | |
| Who should get this real property to? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> I want to describe how the property should be divided. (Please use complete sentences) | | |
| How much is this real property worth now? | | |
| Is there a secured debt on the real property: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Lender: | | |
| If 'Yes,' amount owed on the real property as of today: | | |
| How much of this debt should you have to pay: | | |
| How much of this debt should your spouse have to Pay: | | |

Second Property

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------|
| Street Address: | | |
| City: | State: | Zip Code: |
| Legal Description: _____ | | |
| Who currently owns this real property? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | | |
| Who should get this real property to? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> I want to describe how the property should be divided. (Please use complete sentences) | | |
| How much is this real property worth now? | | |
| Is there a secured debt on the real property: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Lender: | | |
| If 'Yes,' amount owed on the real property as of today: | | |
| How much of this debt should you have to pay: | | |
| How much of this debt should your spouse have to Pay: | | |

List of Vehicles: If you and/or your spouse own any vehicles, including cars, trucks, and motorcycles, please list them here. Please include the VIN# and the estimated value for the vehicle

First Vehicle

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|
| Year: | Make: | Model: |
| VIN # | | |
| Who currently owns this vehicle? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | | |
| Who should the court give this vehicle to? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse | | |
| How much is this vehicle worth: | | |
| Do you or your spouse owe money on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know | | |
| If 'Yes,' creditor or lender's name: | | |
| How much money is owed on the vehicle as of today: | | |
| How much of this debt should you have to pay: | | |
| How much of this debt should your spouse have to pay: | | |

Second Vehicle

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|
| Year: | Make: | Model: |
| VIN # | | |
| Who currently owns this vehicle? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | | |
| Who should the court give this vehicle to? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse | | |
| How much is this vehicle worth: | | |
| Do you or your spouse owe money on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know | | |
| If 'Yes,' creditor or lender's name: | | |
| How much money is owed on the vehicle as of today: | | |
| How much of this debt should you have to pay: | | |
| How much of this debt should your spouse have to pay: | | |

Third Vehicle

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|
| Year: | Make: | Model: |
| VIN # | | |
| Who currently owns this vehicle? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | | |
| Who should the court give this vehicle to? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse | | |
| How much is this vehicle worth: | | |
| Do you or your spouse owe money on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know | | |
| If 'Yes,' creditor or lender's name: | | |
| How much money is owed on the vehicle as of today: | | |
| How much of this debt should you have to pay: | | |
| How much of this debt should your spouse have to pay: | | |

Fourth Vehicle

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|
| Year: | Make: | Model: |
| VIN # | | |
| Who currently owns this vehicle? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | | |
| Who should the court give this vehicle to? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse | | |
| How much is this vehicle worth: | | |
| Do you or your spouse owe money on the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know | | |
| If 'Yes,' creditor or lender's name: | | |
| How much money is owed on the vehicle as of today: | | |
| How much of this debt should you have to pay: | | |
| How much of this debt should your spouse have to pay: | | |

List of Debts: *Please list any debts owed by you and/or your spouse. Do NOT enter home loans or vehicle or car loans that you have already entered. **Important! The court will tell you who has to pay what debts, but your creditors DO NOT have to listen to the court. Creditors can collect from you on your joint debts of the marriage.***

First Debt

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What type of debt is this? <input type="checkbox"/> Utility Bill <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Medical Expense <input type="checkbox"/> Other: _____ |
| Creditor's name: |
| What are the last four digits of the account number? |
| Whose debt is this? <i>(Check all that apply.)</i> <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's |
| How much money is currently owed on this debt? |
| How much of this debt should you have to pay? |
| How much should your spouse have to pay? |

Second Debt

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What type of debt is this? <input type="checkbox"/> Utility Bill <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Medical Expense <input type="checkbox"/> Other: _____ |
| Creditor's name: |
| What are the last four digits of the account number? |
| Whose debt is this? <i>(Check all that apply.)</i> <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's |
| How much money is currently owed on this debt? |
| How much of this debt should you have to pay? |
| How much should your spouse have to pay? |

Third Debt

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What type of debt is this? <input type="checkbox"/> Utility Bill <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Medical Expense <input type="checkbox"/> Other: _____ |
| Creditor's name: |
| What are the last four digits of the account number? |
| Whose debt is this? <i>(Check all that apply.)</i> <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's |
| How much money is currently owed on this debt? |
| How much of this debt should you have to pay? |
| How much should your spouse have to pay? |

Fourth Debt

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What type of debt is this? <input type="checkbox"/> Utility Bill <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Medical Expense <input type="checkbox"/> Other: _____ |
| Creditor's name: |
| What are the last four digits of the account number? |
| Whose debt is this? <i>(Check all that apply.)</i> <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's |
| How much money is currently owed on this debt? |
| How much of this debt should you have to pay? |
| How much should your spouse have to pay? |

Fifth Debt

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What type of debt is this? <input type="checkbox"/> Utility Bill <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Medical Expense <input type="checkbox"/> Other: _____ |
| Creditor's name: |
| What are the last four digits of the account number? |
| Whose debt is this? <i>(Check all that apply.)</i> <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's |
| How much money is currently owed on this debt? |
| How much of this debt should you have to pay? |
| How much should your spouse have to pay? |

Sixth Debt

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What type of debt is this? <input type="checkbox"/> Utility Bill <input type="checkbox"/> Credit Card <input type="checkbox"/> Student Loan <input type="checkbox"/> Medical Expense <input type="checkbox"/> Other: _____ |
| Creditor's name: |
| What are the last four digits of the account number? |
| Whose debt is this? <i>(Check all that apply.)</i> <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's |
| How much money is currently owed on this debt? |
| How much of this debt should you have to pay? |
| How much should your spouse have to pay? |

List of Bank Accounts: *If you and/or your spouse have any bank accounts, please list them here. Please be sure to include the balance and the **last four digits** of your account number.*

First Account

| |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What kind of bank account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Bank's name? |
| What are the last four digits of the account number? |
| Whose name is on the account? <i>(Check all that apply.)</i> <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's <input type="checkbox"/> Other: _____ |
| How much money is in this bank account today? |

Second Account

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What kind of bank account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Bank's name? |
| What are the last four digits of the account number? |
| Whose name is on the account? (<i>Check all that apply.</i>) <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's <input type="checkbox"/> Other: _____ |
| How much money is in this bank account today? |

Third Account

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What kind of bank account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Bank's name? |
| What are the last four digits of the account number? |
| Whose name is on the account? (<i>Check all that apply.</i>) <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's <input type="checkbox"/> Other: _____ |
| How much money is in this bank account today? |

Fourth Account

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What kind of bank account is this? <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Bank's name? |
| What are the last four digits of the account number? |
| Whose name is on the account? (<i>Check all that apply.</i>) <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's <input type="checkbox"/> Other: _____ |
| How much money is in this bank account today? |

List of Stocks, Bonds, Pensions/Retirement Accounts; Life Insurance (Cash Value); Secured Notes, Mutual Funds (*owned by you and/or your spouse*):**First Account**

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What kind of account is this? <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Life Insurance <input type="checkbox"/> Stock <input type="checkbox"/> Bond <input type="checkbox"/> Secure Note <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Other: _____ |
| What is the name of the company that you have the account or policy with? (For example: "Fidelity Investments" or "Metropolitan Life") |
| What are the last four digits of the account or policy number? |
| Whose name is on the account? (<i>Check all that apply.</i>) <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's <input type="checkbox"/> Other _____ |
| How much money is this account or policy worth today? |

Second Account

| |
|----------------------------------------------------------------------------------------------------------------------------------------|
| What is the name of the company that you have the account or policy with? (For example: "Fidelity Investments" or "Metropolitan Life") |
|----------------------------------------------------------------------------------------------------------------------------------------|

| |
|----------------------------------------------------------------|
| What are the last four digits of the account or policy number? |
|----------------------------------------------------------------|

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Whose name is on the account? <i>(Check all that apply.)</i> <input type="checkbox"/> Mine <input type="checkbox"/> My spouse's <input type="checkbox"/> Other _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|-------------------------------------------------------|
| How much money is this account or policy worth today? |
|-------------------------------------------------------|

List of Businesses and Business Property *(Include equipment, livestock, etc. owned by you and/or your spouse):*

First Business Property or Business Interest

| |
|--------------------------------------------|
| What kind of business or interest is this? |
|--------------------------------------------|

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who owns this business property or interest? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|----------------------------------|
| How much is this property worth? |
|----------------------------------|

Second Business Property or Business Interest

| |
|---------------------------------------------|
| Describe the business property or interest: |
|---------------------------------------------|

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who owns this business property or interest? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|----------------------------------|
| How much is this property worth? |
|----------------------------------|

List of Other Property *(Enter information about any other property that you have not already listed):*

First Property or Asset

| |
|--------------------------------|
| What kind of property is this? |
|--------------------------------|

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who owns this property or asset? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|-------------------------------------------|
| How much is this property or asset worth? |
|-------------------------------------------|

Second Property or Asset

| |
|---------------------------------|
| Describe the property or asset: |
|---------------------------------|

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who owns this property or asset? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|-------------------------------------------|
| How much is this property or asset worth? |
|-------------------------------------------|

Third Property or Asset

| |
|---------------------------------|
| Describe the property or asset: |
|---------------------------------|

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who owns this property or asset? <i>(Check all that apply.)</i> <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| |
|-------------------------------------------|
| How much is this property or asset worth? |
|-------------------------------------------|

Monthly Income: *Please list your monthly income.*

| Source of Income | Amount per Month |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Gross Wages, Salary, Commissions (<i>“Gross wages” means the amount of money you get paid BEFORE taxes or deductions are taken from your paycheck.</i>) | |
| Self Employment Earnings | |
| Rent, Interest, Dividends that you receive | |
| Pension, Retirement | |
| Child Support | |
| Dependent’s Benefits | |
| Unemployment or Worker’s Compensation | |
| Food Stamps | |
| Public Assistance (TANF) | |
| Social Security Benefits, including SSI | |
| Other Income (describe) | |

Monthly Expenses: *Please list your monthly expenses.*

| Description of Expense | Amount per Month |
|-------------------------------------------------------------------------------|------------------|
| Retirement, 401(k) or Pension | |
| Taxes | |
| Health Insurance (<i>Self and child(ren)</i>) | |
| Medical Expenses | |
| Student Loans | |
| Clothing | |
| Food and Household Supplies (<i>Include cleaning and sanitary supplies</i>) | |
| Child Care | |
| Child Support Payments | |
| Housing (<i>Rent or mortgage payment</i>) | |
| Property Insurance | |
| Property Taxes | |
| Utilities | |
| Telephone | |
| Car Insurance | |
| Transportation | |
| Other Expenses: | |

Wife’s Former Name

Do you want your name changed back to your maiden name or another former name? Yes No

What would you like your last name changed to? _____

Children

List **all** of your natural and adopted children of the marriage, under the age of 18. Do **not** include stepchildren or adult children.

Child One

Child's First Name: _____ Middle Name: _____ Last Name: _____
Street Address: _____
City, State: _____
Sex: Male Female **Date of Birth:** _____

Child Two

Child's First Name: _____ Middle Name: _____ Last Name: _____
Street Address: _____
City, State: _____
Sex: Male Female **Date of Birth:** _____

Child Three

Child's First Name: _____ Middle Name: _____ Last Name: _____
Street Address: _____
City, State: _____
Sex: Male Female **Date of Birth:** _____

Child Four

Child's First Name: _____ Middle Name: _____ Last Name: _____
Street Address: _____
City, State: _____
Sex: Male Female **Date of Birth:** _____

If there are more than four children of the marriage, please list additional children on another sheet of paper. For each additional child include his or her name, address, sex, and birth date.

Additional Information About Children

Have you been a party or a witness in another court case concerning the custody of or visitation with the child(ren)? Yes No

*If "Yes," when you get to the section that says **Prior Custody Proceedings**, please fill in information about the case or cases.*

Do you know of one or more other proceedings that could affect this case, for example, a criminal case against one of the parents or a case with the Department of Child and Family Services? Yes No

*If "Yes," when you get to the section that says **Prior Custody Proceedings**, please fill in information about the case or cases.*

Do you know of anyone other than you or your spouse who claims rights of custody to, or visitations with the child(ren)? Yes No

If yes, who? _____

Other People Child(ren) Lived With

Has/have your child(ren) lived with someone else besides you and the other parent?

Yes No

*If "Yes," please list every **adult** your child(ren) has/have lived with in the last five years other than yourself and your spouse. For each person, list his or her current address.*

| Name | Address (street, city, state, zip code) |
|------|--------------------------------------------|
| | |
| | |
| | |
| | |

Below, please list **all** the addresses where the child(ren) has/have lived during the past **five** years. **First** list the address where your child(ren) live now, then the address before that one, and so on. If you can't remember the exact address, please list the town and state. If you can't remember the exact dates, please include the month and/or year. Use a separate piece of paper if you need to. **DO NOT LEAVE THIS SECTION BLANK**

| | |
|-----------------------------------------------------------------------------------------------------|--------|
| Street Address: | |
| City: | State: |
| When did the child start living at this address? (For example "May, 2001") | |
| When did the child stop living at this address? PRESENTLY AT THIS ADDRESS | |
| Who did the child live with at this address? (Check all that apply.) | |
| <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | |

| | |
|-----------------------------------------------------------------------------------------------------|--------|
| Street Address: | |
| City: | State: |
| When did the child start living at this address? (For example "May, 2001") | |
| When did the child stop living at this address? | |
| Who did the child live with at this address? (Check all that apply.) | |
| <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | |

| | |
|-----------------------------------------------------------------------------------------------------|--------|
| Street Address: | |
| City: | State: |
| When did the child start living at this address? (For example "May, 2001") | |
| When did the child stop living at this address? | |
| Who did the child live with at this address? (Check all that apply.) | |
| <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | |

| | |
|-----------------------------------------------------------------------------------------------------|--------|
| Street Address: | |
| City: | State: |
| When did the child start living at this address? (For example "May, 2001") | |
| When did the child stop living at this address? | |
| Who did the child live with at this address? (Check all that apply.) | |
| <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | |

| | |
|-----------------------------------------------------------------------------------------------------|--------|
| Street Address: | |
| City: | State: |
| When did the child start living at this address? (For example "May, 2001") | |
| When did the child stop living at this address? | |
| Who did the child live with at this address? (<i>Check all that apply.</i>) | |
| <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | |

| | |
|-----------------------------------------------------------------------------------------------------|--------|
| Street Address: | |
| City: | State: |
| When did the child start living at this address? (For example "May, 2001") | |
| When did the child stop living at this address? | |
| Who did the child live with at this address? (<i>Check all that apply.</i>) | |
| <input type="checkbox"/> Me <input type="checkbox"/> My spouse <input type="checkbox"/> Other _____ | |

Prior Custody Proceedings

If you are now, or have ever been, involved in another court case that was about the custody or visitation of your child(ren), please answer the following questions. If there have not been any other court cases about the custody of your child(ren), please skip this section. If you don't know the name of the court, please fill in the city, county and state.

| |
|-------------------------------------------------------------------------------------------------------|
| Court Name: (Example: Fourth Judicial District Court, Missoula County) |
| Case Number: |
| What day was the case decided? (Example: 5/6/2004) |
| What was your role in the case? |
| <input type="checkbox"/> Party <input type="checkbox"/> Witness <input type="checkbox"/> Other: _____ |

| |
|-------------------------------------------------------------------------------------------------------|
| Court Name: (Example: Fourth Judicial District Court, Missoula County) |
| Case Number: |
| What day was the case decided? (Example: 5/6/2004) |
| What was your role in the case? |
| <input type="checkbox"/> Party <input type="checkbox"/> Witness <input type="checkbox"/> Other: _____ |

Other Proceedings

If there are any other proceedings that could affect this case (for example, a criminal case against one of the parents or a case with the Department of Child and Family Services), please answer the following questions. If there are no other proceedings that could affect this case, please skip this section. If you don't know the name of the court, please fill in the city, county and state.

| |
|------------------------------------------------------------------------|
| Court Name: (Example: Fourth Judicial District Court, Missoula County) |
| Case Number: |
| What type of case was this? |

| |
|------------------------------------------------------------------------|
| Court Name: (Example: Fourth Judicial District Court, Missoula County) |
| Case Number: |
| What type of case was this? |

Persons Claiming Rights

If anyone besides you or your spouse is claiming custody of, or visitation rights with, your child(ren), please list all of them. If no one other than you or your spouse is claiming custody or visitation rights, skip this section.

| First Name | Last Name |
|------------|-----------|
| | |
| | |
| | |
| | |

Tell Montana Child Support Enforcement Division (CSED)

You can not calculate child support with this web site. You should get a child support order before you use this web site. If you use this web site with out setting up child support you will need help from a lawyer. You must use specific calculations to set up child support. You can not choose the amount of child support on your own.

Do you receive public assistance under Temporary Assistance to Needy Families (TANF)?

- Yes No

Do you have an existing child support order from **Montana** Child Support Enforcement Division?

- Yes No

Is **Montana** Child Support Enforcement Division (CSED) in the process of establishing a child support order?

- Yes No

Child Support

Who needs child support for the child(ren)?

- The mother needs child support from the father.
- The father needs child support from the mother.

How much should this parent pay per month per each child: \$_____

When should child support payments begin? (month/day/year such as 5/1/2006) _____

Should the parent paying child support have the child support withheld from his/her income?

- Yes, income should be withheld immediately. Payments should be made immediately to Child Support Enforcement Division.
- No, child support should not be withheld from income. Payments should be made directly to the parent receiving child support.
- No, child support should not be withheld from income. Payments should be made to the Clerk of District Court
- Other _____

Why shouldn't the child support automatically be taken out of the parent's paycheck?

The child support shouldn't be taken out automatically because:

Medical Insurance

Has a medical support order through Child Support Enforcement Division been set up already?

- Yes No

Is your child(ren) covered under Medicaid?

- Yes No

Is your child(ren) covered by private medical insurance?

- Yes No

If "Yes," what is the insurance company's name? _____

What is the insurance carrier policy number? _____

Who provides the insurance?

- Me The Other Parent

Sometimes there are medical costs that insurance does not pay for. What percent of these medical costs should you have to pay for? _____ What percent should the other parent pay? _____

Parenting Schedule

You may either fill in the information below to create a suggested residential schedule or, you can create your own custom schedule by writing down the details of the residential schedule.

I want to use the suggested schedule. (Check the boxes below)

I want to write my own custom schedule. ***It is in you and your child(ren)'s best interest to be as specific as possible. If your schedule is specific it will be easier to enforce.***

This is what my child(ren)'s parenting schedule should be: (Use complete sentences) _____

If you choose to write your own custom schedule, skip to the section called **Transportation Arrangements**.

If you choose to use the suggested schedule below, please answer ALL of the questions below.

I want a preschool schedule.

I want a summer vacation schedule.

I want a school schedule

I want a spring vacation schedule.

I want a holiday and special occasion schedule.

I want a winter schedule

I want an additional vacation schedule.

I want supervised or limited visitation schedule.

I want to add another schedule. _____

Preschool Schedule

Please choose one of the following:

I don't need a preschool schedule. All our child(ren) are school age. *(If you choose this option, skip to the section called **School Schedule**.)*

One or more of our child(ren) is under school age, but I want the regular school schedule to apply no matter how old the child(ren) is/are. *(If you choose this option, skip to the section called **School Schedule**.)*

Before the child(ren) enters school, I want the child(ren) to live with one parent most of the time and see the other parent at certain times. *(If you chose this option, please answer the following two questions.)*

Who should the child(ren) live with most of the time:

- Me The Other Parent

When should the other parent get to spend time with the child(ren)?

- I want to write my own preschool schedule. (Use complete sentences)

School Schedule

Please choose **one** of the following:

- I want the child(ren) to live with one parent most of the time and see the other parent at certain times. (If you choose this option, please answer the following two questions.)

Who should the child(ren) live with most of the time?

- Me The Other Parent

When should the other parent get to spend time with the child(ren)?

- I want to write my own school schedule.

Write in your parenting schedule for your school age child(ren). (Use complete sentences)

Holiday / Special Occasions

For each of the following holidays, you can choose whether the regular residential schedule will still apply for that holiday, whether the child(ren) will be with one parent on that holiday every year, or if the parents will trade off each year by one parent taking even numbered years and the other taking odd numbered years. Please choose one for each holiday that you choose to observe.

| Holiday/Special Occasion | With Mother | | | With Father | | | I don't want a special schedule for this holiday |
|--------------------------|-------------|------------|------------|-------------|------------|------------|--------------------------------------------------|
| | Odd Years | Even Years | Every Year | Odd Years | Even Years | Every year | |
| New Year's Day | | | | | | | |
| Martin Luther King Day | | | | | | | |
| Presidents' Day | | | | | | | |
| Easter | | | | | | | |
| Mother's Day | | | | | | | |
| Memorial Day | | | | | | | |

| Holiday/Special Occasion | With Mother | | | With Father | | | I don't want a special schedule for this holiday |
|--------------------------|-------------|------------|------------|-------------|------------|------------|--------------------------------------------------|
| | Odd Years | Even Years | Every Year | Odd Years | Even Years | Every year | |
| Father's Day | | | | | | | |
| July 4 th | | | | | | | |
| Labor Day | | | | | | | |
| Halloween | | | | | | | |
| Veterans' Day | | | | | | | |
| Thanksgiving | | | | | | | |
| Christmas Eve | | | | | | | |
| Christmas Day | | | | | | | |
| Mother's Birthday | | | | | | | |
| Father's Birthday | | | | | | | |

Do you want to add any additional holidays or special occasions? If so, please list:

| Name of additional holiday or special occasion | With Mother | | | With Father | | | I don't want a special schedule for this holiday |
|------------------------------------------------|-------------|------------|------------|-------------|------------|------------|--------------------------------------------------|
| | Odd Years | Even Years | Every Year | Odd Years | Even Years | Every year | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Birthday Schedule

Choose whom the child(ren) should spend birthdays with.

| Children's Birthdays | With Mother | | | With Father | | | I don't want a special schedule for this holiday |
|----------------------|--------------|-----------|------------|-------------|-----------|------------|--------------------------------------------------|
| | Child's Name | Odd Years | Even Years | Every Year | Odd Years | Even Years | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Do you want specific beginning time and ending time for holidays or special occasions?

- Yes No

If you answered "Yes," please put the beginning and ending times for each holiday you are observing below.

If you answered "No," skip this section and go to the next one.

| Holiday/Special Occasion | Begin Time | End Time |
|---------------------------------|-------------------|-----------------|
| New Year's Day | | |
| Martin Luther King Day | | |
| Presidents' Day | | |
| Easter | | |
| Mother's Day | | |
| Memorial Day | | |
| Father's Day | | |
| July 4 th | | |
| Labor Day | | |
| Halloween | | |
| Veterans' Day | | |
| Thanksgiving | | |
| Christmas Eve | | |
| Christmas Day | | |
| Mother's Birthday | | |
| Father's Birthday | | |
| Child's Birthday: | | |
| Child's Birthday: | | |
| Child's Birthday: | | |

Do you want the holidays that are on Friday or Monday and are traditionally considered three-day holidays to include Saturday and Sunday immediately before or following the holiday?

- Yes. I want Saturday and Sunday included.
 No. I don't want Saturday and Sunday included.

Should the child's attendance at school take priority over the holiday and special occasion schedule?

- Yes No

Vacation Schedule

Winter Vacation

- I don't want a winter vacation schedule.

*If you choose this option, skip to **Summer Vacation** box below.*

- I want the child(ren) to live with one parent most of the time and see the other parent at certain times during the winter vacation. *If you choose this option, please answer the following two questions.*

The parent exercising parenting time with the child(ren) on Christmas Eve shall have the following additional parenting time with the child(ren) over the winter vacation:

The parent exercising parenting time with the child(ren) on Christmas Day shall have the following additional parenting time with the child(ren) over the winter vacation:

- I want to write my own winter vacation schedule. Write in your winter vacation schedule. (Use complete sentences.)

Summer Vacation

- No summer vacation schedule shall apply. The school year or preschool schedule shall apply.

*If you choose this option, skip to **Spring Vacation** box below.*

- I want the child(ren) to live with one parent most of the time and see the other parent at certain times during the summer vacation. *If you choose this option, please answer the following two questions.*

During summer vacation, the child(ren) shall reside primarily with:

- Me The Other Parent

During the summer, the child(ren) shall be with the other parent the following days and times:

- I want to write my own summer vacation schedule. Write in your summer vacation schedule. (Use complete sentences.)

Spring Vacation

I don't want a spring vacation schedule. The school year or preschool schedule shall apply.
*If you choose this option, skip to **Other Vacations** box below.*

I want the child(ren) to live with one parent most of the time and see the other parent at certain times during the spring break vacation. *If you choose this option, please answer the following two questions.*

During spring vacation, the child(ren) shall reside primarily with:

Me The Other Parent

During the spring break, the child(ren) shall be with the other parent the following days and times:

I want to write my own spring vacation schedule. Write in your summer vacation schedule. (Use complete sentences.) _____

Other Vacations

Write in any other vacation schedule. Use complete sentences. *(If none, leave blank.):*

Priority of Schedules

If the Residential Schedule results in a conflict where the child(ren) is/are scheduled to be with both parents at the same time, the conflict shall be resolved by priority being as follows, with 1 being the highest priority:

- Priority of the holiday and special occasion schedule.
- Priority of the winter, spring and summer vacation schedule
- Priority of preschool and school schedule.

Supervised Visitation

*If you feel that visitation with the other parent should be supervised or limited, please indicate which parent should have supervised or limited visitation by checking one of the boxes below. If you don't feel that supervised or limited visitation is necessary, please skip this section and go on to the section called **Transportation Arrangements**.*

Whose parenting time shall be supervised or limited?

Mother Father

In most cases, the court will assume it best for the child(ren) if they have frequent contact with both parents. If you are asking that the other parent's visitation be supervised or limited, you will need to explain to the Court why it is needed to protect the children.

I want supervised visitations because of the following behavior:

When should supervised visits occur?
(For example, "The first and third Sunday of each month from 11:00 am to 2:00 pm.") _____

The supervised visit shall take place at the following location: _____

The supervisor for the supervised visits shall be the following: _____

Which parent shall be responsible for the costs of the supervised visits?

- Father shall pay all costs
- Mother shall pay all costs
- Parents shall equally split all costs

If the supervised parent has completed all recommendation by the evaluator, less restricted visitation will be allowed after how many months of supervised visit? _____

If the supervised parent has completed the following, less restricted visitation will be allowed:

- Alcohol / drug evaluation
- Substance abuse treatment
- Psychological evaluation
- Anger management counseling
- Parenting classes
- Other: _____

Do you want to add any other parenting schedule provisions? _____

Transportation Arrangements

Include the following provisions (*Choose all that apply*)

Transportation arrangements for the child(ren) between parents shall be as follows:

Unless both parents agree upon a different meeting place, the exchange of the child(ren) shall be at:

Transportation costs shall be distributed as follows:

If the transporting parent is late to pick the child(ren) for a visit, that visit shall be canceled.

This applies to: Mother Father

If the parent is more than _____ minutes late in picking up the child(ren), the visit shall be cancelled.

Telephone Contact

While the child(ren) are with one parent, the other parent shall be permitted to speak by telephone with the child(ren) at “reasonable” times OR only at certain times? (*Choose one*)

- Reasonable times Only at specific times: _____
-

Co-Parenting Guidelines

Following are a list of rules that many parents put in their Parenting Plan to tell the parents how to treat each other and the child(ren). Please check the ones you want in your parenting plan.

- Each parent shall promote a healthy, beneficial relationship between the child(ren) and the other parent and shall not demean or speak out negatively in any manner that would damage the relationship between either parent and the child(ren).
- Each parent shall notify the other parent at least _____ days in advance when a particular parenting time shall not be exercised. The missed time shall not be substituted unless mutually agreed to by both parents. The parents are expected to fairly modify visitation when family necessities, illnesses, or other commitments reasonably so require. The requesting parent shall act in good faith and give as much notice as circumstances permit.
- Each parent shall supply the appropriate child(ren)’s clothing with them for their scheduled time with the other parent. These clothes are to be considered the child(ren)’s clothes and shall be returned with the child(ren).
- Each parent shall provide separate clothes for the child(ren) at their own residence, unless mutually agreed to by both parents. In the cold months of the year, both parents are required to have adequate boots, gloves, hats, and jackets for the child(ren) unless other arrangements have been made that are mutually agreeable to by both parents.
- If a parent plans a special activity that requires clothing and/or equipment that would normally not be with the child(ren), it is that parent’s responsibility to check and see if the child(ren) has/have such clothing and/or equipment with the other parent, to ask that the clothing and/or equipment travel with the child(ren), and to ensure that the clothing and/or equipment is returned with the child(ren).
- Each parent shall be responsible for ensuring that the child(ren) attend regularly scheduled activities, including, but not limited to, sports and extra-curricular activities, while the child(ren) is/are with that parent.
- Neither parent shall permit the child(ren) to be subjected to: (Choose all that apply.)
 - Persons abusing alcohol or using illegal drugs within 24 hours of contact with the child(ren). This includes the abuse of alcohol or the use of illegal drugs by the parent.
 - Smoking environment.
 - Use of profane language.
 - Removal of the child(ren) from Montana, except as authorized by the Court or mutually agreed to by both parents.
 - I want to add additional parenting prohibitions:

Any violation of these terms will result in the immediate termination of that parent’s contact with the child(ren).

- Relationships between the child(ren) and relatives and family friends on both sides of the family shall be protected and encouraged. The parents shall have their child(ren) maintain ties with both the maternal and

paternal relatives.

- In Montana, grandparents have a legal right to request a court to order reasonable visitation with their grandchild(ren) if it is in the best interest of the child(ren). Usually the child(ren) will visit with the father's relatives and family friends during those times when they are with their father; likewise, the child(ren) will visit mother's relatives and family friends during those times they are with their mother.

Decision Making

Should sole decision making power regarding the child(ren) be given to just one parent? Yes No

Which parent should make decisions about the parenting for the child(ren): Mother Father

WHY SHOULD THIS PARENT BE THE ONLY DECISION MAKER:

Who should make important decisions about:

1. The children's education? Mother Father Both Parents
2. The children's health care? Mother Father Both Parents
3. The children's spiritual development? Mother Father Both Parents

Resolving Disputes

Have you or your child been physically abused or threatened with physical abuse by the other parent?

Yes No

Has the other parent been convicted of deliberate homicide, mitigated deliberate homicide, sexual assault, sexual intercourse without consent, deviate sexual conduct with an animal, incest, aggravated promotion of prostitution of a child, endangering the welfare of children, partner or family member assault, or sexual abuse of children?

Yes No

Should you and the other parent be required to go to mediation if you can't work out an agreement about the parenting plan?

Yes No

Who do you want to settle your disagreements? (Give the name of a person or organization you want to mediate your disagreements.) _____

How should mediation be paid for?

- The mediator should decide how much each parent should pay.
- Each parent should have to pay part of the cost.

Other Parenting Plan Provisions

For the purpose of all other state and federal statutes that require a designation or determination of custody, which parent should be designated the custodian? (*The designation will not affect either parent's rights or responsibilities under this parenting plan.*)

The Mother The Father

Do you want to add anything else to your parenting plan? Yes No

What would you like to add to your parenting plan? (Use complete sentences) _____
