

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

PETITIONER PRO SE

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

In re the Parenting of:

\_\_\_\_\_,  
Initials of minor child(ren);

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

and

\_\_\_\_\_,  
Respondent.

Cause No.: \_\_\_\_\_  
Department No.: \_\_\_\_\_

**PETITION FOR ESTABLISHMENT  
OF PERMANENT PARENTING  
PLAN**

[ ] Respondent  
[ ] Respondent

[ ] Petitioner  
[ ] Petitioner

is the Mother (hereinafter referred to as "Mother.")  
is the Father (hereinafter referred to as "Father.")

**1. Information about Petitioner**

- a. Name:
- b. Age:
- c. Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_
- d. Length of Residence in County:
- e. Length of Residence in Montana, if applicable:
- f. Occupation:

**2. Information about Respondent**

- a. Name:

- b. Age:
- c. Address:  
City: \_\_\_\_\_ State: \_\_\_\_\_ County:
- d. Length of Residence in County:
- e. Length of Residence in Montana, if applicable:
- f. Occupation:

**3. Relationship**

The parties were never married.

**4. Pregnancy** Choose One:

- The Mother is not pregnant.
- The Mother is pregnant. However, the Father is not the father of the child she is carrying, and the child is not at issue in this proceeding.
- The Mother is pregnant. The Father is the father of this child.

**5. Identification of the Child(ren) of the Parties:**

Name (first and last)	Date of Birth	State of residence for last 6 months

**6. Jurisdiction over the Child(ren)**

This Court has jurisdiction to make a parenting determination regarding the minor child(ren) listed above. Choose One:

- The child(ren) has/have lived in Montana for at least six consecutive months immediately before the start of this proceeding. If a child is less than six months old, the child has lived in Montana since his/her birth.
- Montana was the home state of the child(ren) within six months of the start of this proceeding, and one parent continues to reside in Montana.
- The child(ren) and one parent have had significant connections to Montana, and substantial evidence about them is available here.
- The child(ren) is/are physically present in Montana, and the child(ren) has/have been abandoned or an emergency exists requiring the child(ren)'s protection.

**7. Required Information Regarding the Child(ren)**

This proceeding will affect the parenting of the minor child(ren) of the parties' relationship. The following information is required by M.C.A. § 40-7-110:

- a. During the last five years, the child(ren) have lived at the following places with the following persons. *List each place the child(ren) have lived, the dates the child(ren) lived there, and all person(s) with whom the child(ren) lived and current address:*

Address (City/State)	Dates	With Whom/Relation/Current Address

If needed, attach additional sheet(s) as Exhibit \_\_\_\_.

*List the names and present addresses, if known, of the persons listed above, other than Petitioner and Respondent, with whom the child(ren) have lived in the last five years:*

Names	Present Address(es)

If needed, attach additional sheet(s) as Exhibit \_\_\_\_\_.

b. Choose One:

I have not participated as a party or witness or in any other capacity in any other proceeding concerning the parenting of or visitation with the child(ren).

I have participated as a  party/  witness /  other:  
\_\_\_\_\_ in another proceeding concerning the parenting of the child(ren).

Court: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Date of Child Custody Determination: \_\_\_\_\_.

If needed, attach additional sheet(s) as Exhibit \_\_\_\_\_.

c. Choose One:

I know of no other proceeding that could affect the current proceeding.

The following proceeding could affect the current proceeding:

Nature of Proceeding: \_\_\_\_\_

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

If needed, attach additional sheet(s) as Exhibit \_\_\_\_\_.

d. Choose One:

I know of no other person (not a party to this action) who has physical custody of the child(ren), or who claims rights of legal custody, physical custody or visitation with the child(ren).

The following person(s) have physical custody of the child(ren) or claim rights of legal custody, physical custody or visitation with the child(ren):

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

## 8. Parenting Plan

It is in the best interest(s) of the minor child(ren) that the Court adopt the Petitioner's Proposed Parenting Plan, filed separately from this Petition.

## 9. Child Support Order

The  Mother  Father needs financial assistance from the  Mother  Father to support the minor child(ren). The Petitioner requests that the Court enter the following proposed Child Support Order:

a. Choose One:

1.  The  Mother  Father shall pay \$ \_\_\_\_\_ per month per child.

This amount:

is in accordance with the Montana Child Support Guidelines.

varies from the Montana Child Support Guidelines.

(Attach the calculations done according to the Montana Child Support Guidelines.)

or

- 2.        Child support in the amount of \$ \_\_\_\_\_ per month per child **has already been established** by the Montana Child Support Enforcement Division or another appropriate administrative agency or court. A copy of the Order is attached to this Petition as Exhibit \_\_\_\_\_. (*Skip to Number 18.*)

or

- 3.        The Petitioner requires assistance in calculating an amount of child support based on the Montana Child Support Guidelines. The Petitioner understands that these calculations are required before the final hearing can be set.

**CHILD SUPPORT ORDER**

*Only complete the following if Option 1 or 2 is selected above:*

- b.    The first payment is due the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, with subsequent payments to be made on the \_\_\_\_ day of each month thereafter.

Payments should continue until such time as each child reaches the age of 18 years and has completed high school, or attained the age of 19 years, or is emancipated by court order, whichever shall first occur.

- c.    Payments should be made to (Choose One):  
    The Child Support Enforcement Division.  
The parties     request     do not request    income withholding.

or

- Missoula County Clerk of Court, 200 West Broadway, Missoula, MT 59802.

- d.    The Petitioner requests that the following warning be included in the Final Child Support Order:

**WARNING: If a parent is delinquent in payments, that parent's income may be subject to income withholding procedures under MCA Title 40, Chapter 5, without need for any further action by the Court. Support is delinquent when it is 8 days overdue.**

- e.    Whenever the case is receiving services under Title IV-D of the Social Security Act, support payments must be paid through the Department of Public Health and Human Services Child Support Enforcement Division as provided in M.C.A. § 40-5-909.

- f. This order is subject to review and modification by the Department of Public Health and Human Services upon the request of the Department or a party under M.C.A. §§ 40-5-271 through 40-5-273, when the Department is providing services for enforcement under Title IV-D of the Social Security Act.
- g. The obligations to provide financial child support, provide medical care for a child, and provide or comply with parenting arrangements shall be independent of each other, and the failure or inability to provide one or more shall not reduce any other obligation.
- h. Each party should promptly inform the Court of any changes in the following information:
  - (i) Name, social security number, mailing address, residential address, telephone number, and driver's license number; and
  - (ii) Names, addresses, and telephone numbers of current employers
- i. The Petitioner requests that the following warning be included in the Final Child Support Order:

**WARNING: In any subsequent child support enforcement action, on sufficient showing of diligent efforts to locate the party, due process requirements for notice and service may be met by delivering written notice by regular mail to the last address of the party or the party's employer reported to the Court.**

**10. Medical Support Order**      Choose One:

- a. Choose One:
  - 1.         A Medical Support Order **has already been established** by the Montana Child Support Enforcement Division or another appropriate administrative agency or court. A copy of the Order is attached to this Petition as Exhibit \_\_\_\_\_.  
(Skip to Number 19.)
  - or**
  - 2.         Medical support is needed to cover the medical and dental expenses of the minor child(ren) of the parties. The Petitioner requests that the Court adopt the following Medical Support Order:
- b.     **Existing Coverage** -- Choose All That Apply. *Complete this section only if Option 1 is selected above:*

- The child(ren) are presently covered under the following insurance plan:  
Carrier Name:  
Policy No.:
- The  Mother  Father shall continue to provide medical coverage through the 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.
- The child(ren) are recipient(s) of medical assistance under Title XIX of the Federal Social Security Act (Medicaid).
- The child(ren) are not covered under an existing insurance plan.

### **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 Mother shall provide medical coverage through individual insurance or a health benefit plan for the child(ren), as long as it is available at reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.
- b. The Father shall provide medical coverage through individual insurance or a health benefit plan for the child(ren), as long as it is available at reasonable cost, and as long as no other plan or individual insurance is available that will better serve the interests of the parties.
- c. If health benefit plans are available to both parties at a combined cost that is reasonable or cost-beneficial and with benefits that are complementary or compatible as primary and secondary coverage, both parties shall provide coverage for the child(ren).
- d. Coverage is presumed to be available at reasonable cost if the cost of premiums does not exceed 25 percent of the obligated party's total child support obligation when calculated under the child support guidelines without credit for the medical support obligation.
- e. If circumstances change and a party believes that corresponding changes in cost are not reasonable or cost-beneficial, the party may move to petition any appropriate tribunal for relief.

## Duties of the Parties

- a. The Mother shall be responsible for \_\_\_\_% and the Father shall be responsible for \_\_\_\_% of all medical expenses of the minor child(ren), including the costs of the premium for coverage, all co-payments and deductibles required for coverage, and any uncovered medical expenses.
- b. Each party shall promptly execute and deliver to the insurance provider all forms necessary to ensure the child(ren)'s continuous participation in insurance coverage. Each party shall timely submit claims for processing, verification, and payment. Each party shall provide the other party with identification cards or other methods for access to coverage.
- c. If a party receives a reimbursement but did not pay the underlying bill, that party shall promptly pay over the proceeds to the proper party.
- d. If the party responsible for providing medical insurance coverage for the child(ren) allows such coverage to lapse without securing a comparable replacement, that party shall be liable for all the child(ren)'s medical expenses and shall indemnify the other party, the Department of Public Health and Human Services, or any third-party custodian for the cost of obtaining medical coverage and medical expenses.
- e. Any liability for unpaid medical costs and expenses may be entered as a judgment for unpaid support against the obligated party. A party may apply to the Court for expedited enforcement procedures.
- f. If an obligated party fails to pay a required premium, the other parent, the Department of Public Health and Human Services, or the custodian may advance the cost of premiums and keep benefits continually in force for the child. The advance should be entered as a judgment for unpaid child support in favor of the advancing party and against the obligated parent.
- g. The obligation to provide medical coverage for the child(ren) ceases only when the child support obligation ceases.
- h. The costs of providing individual insurance or a health benefit plan may not be used as a direct offset to the child support obligation. However, as provided by the child support guidelines, the costs may be considered in making or modifying a child support order.
- i. Each party shall promptly inform the Court of any changes in the following information:

- (i) If the child(ren) are covered by a health or medical insurance plan, the name of the plan, the policy identification number, and the name(s) of the person(s) covered;
  - (ii) If the child(ren) are not covered by a health or medical insurance plan, whether health insurance coverage for the child(ren) is available through the party's employer or other group, and if so, whether the employer or other group pays any portion of the coverage premium.
- j. A civil penalty not to exceed \$25 per day may be imposed for an intentional violation of this medical support order or the provisions of M.C.A Title 40, Chapter 5, Part 8 or the regulations promulgated under that Part.
- k. This Order authorizes automatic enrollment without a further court order, if medical insurance is available for minor children through a parent's employer.
- l. The Petitioner requests that the following warning be placed in the Final Child and Medical Support Orders:

**WARNING: The obligations to provide medical care, provide financial child support, and provide or comply with visitation and parenting arrangements are independent of each other, and the failure or inability to provide one or more does not reduce any other obligation.**

- 11. Notice to the Department of Public Health and Human Services** Choose One:
- The Department of Public Health and Human Services is not providing services to the parties or minor child(ren) of the parties under the provisions of Title IV-D of the Social Security Act.
  - The Department of Public Health and Human Services is providing services to the parties or minor child(ren) of the parties under the provisions of Title IV-D of the Social Security Act. The Petitioner will notify the Montana Child Support Enforcement Division and the Office of the Attorney General of this proceeding.
  - Not applicable. The Petitioner is not seeking to establish, enforce, or modify the parties' previously established child support order.

- 12. Tax Exemption** Choose One:
- The Mother will be entitled to claim \_\_\_\_\_ (name of child) every year for all tax purposes and the Father will be entitled to claim \_\_\_\_\_ (name of child) every year for all tax purposes.

**or**

The Mother will claim \_\_\_\_\_ (name of child) in even tax years and the Father will claim the child in odd tax years for all tax purposes, however Earned Income Credit be claimed by whichever parent qualifies under IRS regulations.

**or**

**Other Provisions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**13. Other Provisions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

WHEREFORE, the Petitioner requests as follows:

1. That this Court adopt the Petitioner's Proposed Parenting Plan, filed separately from this Petition;
2. That a Child Support Order be established, if requested above;
3. That a Medical Support Order be established, if requested above;
4. Other Provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_;
5. For such other and further relief as the Court deems just and proper.

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

\_\_\_\_\_  
Petitioner Pro Se

STATE OF MONTANA )  
 : ss.  
COUNTY OF \_\_\_\_\_)

The undersigned, being first duly sworn on oath, says that he/she is the Petitioner in the above-entitled proceeding; that he/she has read the foregoing Petition and knows the contents thereof; and that the matter, facts and things stated therein are true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Petitioner Pro Se

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Name (*printed*): \_\_\_\_\_  
Notary Public for the State of Montana.  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_