
Name

Address

City State Zip Code

Phone Number

Email Address

PETITIONER PRO SE

**MONTANA _____ JUDICIAL DISTRICT COURT
_____ COUNTY**

In re the Parenting of:

_____,
Initials Minor Child(ren),

_____,
Petitioner,

and

_____,
Respondent.

Cause No.: _____

Department No.: _____

STATUTORY NOTICE TO CSED

TO: THE STATE OF MONTANA, DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES, CHILD SUPPORT ENFORCEMENT DIVISION.

1. Pursuant to the requirements of Mont. Code Ann. § 40-5-202(5), (2011), you are hereby notified that the foregoing action involves one or more of the following issues: Paternity, termination of parental rights, establishment, enforcement, or modification of a child support obligation or establishment, enforcement or modification of a medical support order.
2. The proceeding may involve a party for whom the Department is or has been providing Title IV-D services.
3. The names of the parties and their last known addresses are as follows:

Mother
Name: _____
Address: _____

Father
Name: _____
Address: _____

4. The names of the children and their last known addresses are as follows:

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

(Attach page if more children.)

5. Pursuant to Mont. Code Ann. § 40-5-202(5)(c)(i)-(iii), the Department may:

- a. Decline to enter the proceeding as a party, in which case the proceeding may continue without the Department's participation;
- b. Inform the tribunal that a substantial interest of the Department could be adversely affected by the proceeding, in which case the proceeding may not continue without joining the Department as a necessary party in the manner provided in the Montana Rules of Civil Procedure; or
- c. Inform the tribunal that prior to the filing of the proceeding, the Department initiated an administrative proceeding under this chapter in which the parties and some or all of the issues are the same as those in the proceeding before the tribunal. The tribunal shall then discontinue the proceeding as to the common issues until administrative remedies have been exhausted.

6. This Notice is to be served personally upon the Department. The Department has twenty-one (21) days following service to act.

DATED this ____ day of _____, 20 ____.

PETITIONER

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the foregoing document was sent by U.S. Mail, postage prepaid, addressed to:

State of Montana
Department of Public Health & Human Services
Child Support Enforcement Division
2675 Palmer Street - Suite C
Missoula, MT 59808

_____ (Name and address of Respondent)

DATED this ____ day of _____ 20 ____.

Petitioner, *Pro se*