

---

(Date)

Department of Health & Human Services  
Child Support Division - Attn: Legal Counsel  
2675 Palmer Street - Suite C  
Missoula MT 59808

RE: Notice of Proceeding

To Whom It May Concern:

I am enclosing copies of the following:

- ^ Statutory Notice to DPHHS
- ^ Department Declination to Enter Proceedings as a Party

Please ask your staff to check the records and determine whether the Department has ever provided services to these parties.

Please call me if the Department did indeed provide services or you have any questions about the proceeding. Thank you.

Sincerely,

---

Signature of Petitioner *Pro se*

---

(Address)

---

(Phone)

cc: \_\_\_\_\_  
(Name of Respondent)