<b>FORM</b>	#	2	
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(Date)	

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

RE: Notice of Proceeding

Dear Sir:

I am enclosing copies of the following:

- <sup>^</sup> 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,	
	(Address)
	(Phone)