INSTRUCTIONS

FORM # 110

Order Information: Check the box that most accurately describes the type of order being entered. If it is a dissolution of marriage, enter the place of marriage and indicate if child support is ordered. Temporary support orders and paternity orders that contain child support are categorized as "child support order, without dissolution." "Child support order" includes medical support orders. If the order does not contain a child support order, social security numbers of the parties are not required and only Parts 1, 2 and 9 need to be completed.

- **Parts 1 and 2:** Provide information about the parties to the order. If there is a child support order, be sure to check the box that shows whether the party owes support (payer) or will receive support (payee). If a party is ordered to both pay and receive support, check the box labeled "both." If there is no support order, check the box labeled "N/A" for not applicable. If a party is ordered to pay \$0 support, that party should be considered a payer.
- **Part 3:** Provide information about the children named in the order and indicate which parent or other party the children live with. If the parenting plan provides for shared residential parenting, circle "B" for both. If a child is not living with either parent, circle "O" and list the child's name and address.
- Part 4: Complete this part if support is ordered to be paid to an agency or an individual other than a parent.
- **Part 5:** Indicate whether any of the parties are protected from each other by a protective or restraining order. If yes, list the names of the protected parties. This includes any protected children.
- **Part 6:** Provide information about the employment or other source of income of the party who is ordered to pay child support. If both parties are ordered to pay support, skip Part 6 and complete Part 10 instead.
- **Part 7:** Provide information about the support order. Check the type(s) of support ordered and enter the amount and how often it is due. (Example: \$100 per week.) All orders should have a "begin" date; many will not have an "end" date. If both parties are ordered to pay support, skip Part 7 and complete Part 11 instead.

If the order enters a judgment for past due support, show the **total** amount of the judgment. If the judgment includes amounts for penalties, fees or interest, list those amounts on the appropriate lines.

List any special conditions of the support order. (Example: support is due until the child graduates from college.) Copy the information requested about the guidelines to this form from the guidelines worksheet.

- **Part 8:** Provide information about health insurance coverage for the children. If insurance is not provided, indicate whether it is available through the employer of either parent. Relationship of the party providing insurance is the party's relationship to the children. (Example: mother, father, mother's spouse, father's spouse.) List the terms and conditions of the insurance coverage. (Example: 80/20 plan, \$500 deductible, major medical only.)
- **Part 9:** Provide information about the person completing this form.
- **Part 10:** Employment information for multiple payers. Complete only if both parties are ordered to pay support. See Part 6 instructions.
- **Part 11:** Order information for multiple payers. Complete only if both parties are ordered to pay support. See Part 7 instructions.

MONTANA STATE CASE REGISTRY AND VITAL STATISTICS REPORTING FORM DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

County / Tribe	Judicial District No Cause No
Date Decree/ Order Signed □ Dissolution of Marriage County that Issued Marriage License City, County, State of Marriage Date of Marriage □ With Child Support Order □ Without Child Support Order (Complete Parts 1, 2 & only) □ Modification of Child Support Order	(Includes Temporary Support Orders and Paternity Orders with Child Support) □ Legal Separation with Child Support Order □ Dependent Neglect / Juvenile Delinquency □ Invalid Marriage - Specify Legal Grounds for
1 Mother/Wife: Payer Payee Both Name: () Last First Middle/Suffi	
Mailing Address: Street Residential Address (if different from above):	City State Zip
Driver's License # / State	Ce of Birth: Race: State / Foreign Country Occupation: 4, City & State of previous marriage(s):
2 Father/Husband: □ Payer □ Payee □ Bo Name: Last First Middle/Suffi	SSN: Telephone:()
Mailing Address: Street Residential Address (if different from above):	City State Zip
Date of Birth: Pla Driver's License # / State	State / Foreign Country
Number of this marriage (1st, 2nd, etc.): Date Other Payee: If support is to be paid to another payer	e, City & State of previous marriage(s):e, check here and complete Part 4.

3	Names of Children Included in the Support Order <u>Last</u> <u>First</u> <u>Middle</u>	Date of Birth	Se	ex	S	SN		siding Vith **
	Last 1118t Wildle							F B O
								F B O
			M	F _				F B O
								F B O
								F B O
	* $M = Mother$ $F = Father$ $B = Both$ $O = O$		M	F _			M	F B O
			11 cales a	1 11 41.		1 11,,,,,		
	If any of the above-named children are not residing							
4	Other Payee:							
	Name of person/agency owed support if not paren		or Agei	nev N		First		Middle
	Mailing Address:		•	•				
			State		Zip	_1 elephone	: ()	
	Residential Address (if different from above):	•						
5	Protective Order: Is a party to this action protection D No	cted from anothe	r party to	o the a	action by	y an order o	of protection	on?
	If yes, enter name(s) of protected party(ies):							
6	Employer/Income Source Information: Provincome. (Attach additional pages if needed.) □ Check here if this order requires both parties				_		-	
	Name of Employer or Source of Income						Te	elephone
	Street	City			State			Zip
7	Support Order: Date Order Signed:							
	-							
	Check type of support and enter appropriate inform							
	Support Type Total Due Frequency	Begin Date 1	End Date		Judgmo		nalty*	Fees* Interest*
						(*list amount		
	□ Child Support: \$ per			_ \$_		\$ \$	ß	\$
	□ Medical Support: \$ per □ Spousal Support: \$ per			_ \$_		\$	\$	\$
	□ Spousal Support: \$ per (Alimony)			_ \$_		\$	δ	\$
	Is payer exempt from income withholding under List any special terms/conditions of the support of							o □Yes
		 ∄es □ No Was ti	he father	· renre	eented h	an attorn		
	Was the mother represented by an attorney? Y Information from child support guidel	lines worksheet:		r repre	esented b	y an attorn	ey?	
	Was the mother represented by an attorney?	lines worksheet:	"Credit	for Pa	ayment o	by an attorno of Expenses of Expenses	s": \$	

8	Health Insurance: (Attach additional pages if needed.) Is health insurance provided for the children? Name and relationship of party providing insurance: Name of insurance carrier or health benefit plan: Address of insurance carrier or health benefit plan: Names of children covered: Terms/conditions of coverage:						
	If children are not covered, is coverage available through: Father's employer? □ Yes □ No	Mother's employ	er?	□ Yes □ No			
9	This form was completed by: Name / Title: Signature:		Date:				
	Complete next page if both parties are ordered to pay che Information contained in this form is private and confidential It may only be shared with courts, agencies and individuals	al.	23.				
Mu	ltiple Payers: Complete Parts 10 and 11 only if t	he order requires botl	n parties to pa	ay support.			
10	Mother's Employer/Income Source Information: Provide information about the mother's employment or periodic source of income. (Attach additional pages if needed.)						
	Name of Employer or Source of Income			Telephone			
	Street	City	State	Zip			
	Father's Employer/Income Source Information: Provisource of income. (Attach additional pages if needed.)	de information about the f	ather's employm	ent or periodic			
	Name of Employer or Source of Income			Telephone			
	Street	City	State	Zip			
11	Support Order: Date Order Signed:						
	Mother's Support Obligation	If applicable, arrears d	ue at time of ord	er: \$			
	Check type of support and enter appropriate information Support Type Total Due Frequency Begin Date En	nd Date Judgment	Penalty* Fe				
	□ Child Support: \$ per	\$	(*list amounts if inc				
	□ Medical Support: \$ per						
	□ Spousal Support: \$ per (Alimony)						
	Is the mother exempt from income withholding under MCA §40-5	5-315?	□ No	□Yes □Tri			

Father's Support 6	Obligation		If applica	ble, arrears	due at tim	e of or	der: \$
Check type of support	ort and enter appro	opriate information					
Support Type	Total Due	Frequency Begin Date	End Date	Judgment	Penalty* (*list amoun		Interest*
☐ Child Support:	\$ per			\$	\$	\$	\$
☐ Medical Support:	\$ per			\$	\$	\$	\$
☐ Spousal Support: (Alimony)	\$ per			\$	\$	\$	\$
Is the father exempt f	rom income withhol	ding under MCA §40-5-31	5?			□ No	□ Yes □ Trib
List any special terr	ns/conditions of th	e support order(s):					
Was the mother rep	resented by an atto	orney?					
No							
Informatio	n from child supp	oort guidelines worksh	eet:				
Mother: "In	ncome after Deduc	tions": \$	"Credit for	Payment of	of Expense	es": \$_	
Father: "I	ncome after Deduc	etions": \$	"Credit for	Payment of	of Expense	es": \$_	