INSTRUCTIONS

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

(Seeinstructionsonfirstpage)

Cou	nty / Tribe	Judicial D	vistrict No	Cause No					
Date	Decree/ Order Signed		Child Suppor	t Order without Die	colution (Includes			
	Dissolution of Marriage	 Child Support Order, without Dissolution (Includes Temporary Support Orders and Paternity Orders with 							
0	County that Issued Marriage License	Child Suppor	••	erinty Oft	iers with				
0	City, County, State of Marriage			ion with Child Supp	ort Order				
Ι	Date of Marriage		e .	eglect / Juvenile Deli					
	With Child Support Order		•	ge - Specify Legal C	- ·	r Action			
	Without Child Support Order (Complete Parts 1, 2	& 9 only)		50 ~poonj 208m c					
	Iodification of Child Support Order								
1	Mother/Wife: □ Payer □ Payee □ Both	□ N/A	Maiden Name:						
	Name:		SSN:	Telephone: (_)				
		Middle/Suffix							
	Mailing Address:		City		State	Zip			
	Residential Address (if different from above):		j.						
	Date of Birth: P	lace of Birth:			Race:				
	Driver's License # / State		State / Foreig	gn Country					
	Number of this marriage (1st, 2nd, etc.): Date, City & State of previous marriage(s):								
2	Father/Husband:	oth □ N/A							
	• •			Telephone: (_)				
	Last First	Middle/Suffix							
	Mailing Address:								
	Street Residential Address (if different from above):		City		State	Zip			
	Date of Birth: P				Race				
			State / Forei	gn Country					
	Driver's License # / State		Occupation:						
	Number of this marriage (1st, 2nd, etc.): Dat	e, City & Sta	te of previous marri	iage(s):					
	Other Payee: If support is to be paid to another paye	e, check here	and complete Part 4	1.					
3	Names of Children Included in the Support Order				Residi	ing			
	Last First Middle	Date of Birt	h Sex	SSN	With	1 **			
			M F		M F	BO			
			M F		M F	BO			
			M F		M F	BO			
			M F		M F	ΒO			
			M F		M F	ΒO			
			M F		M F	BO			
					**M=Mothe	r F=Father			
	If any of the above-named children are not residing v	with a parent,	list the child's nam	e and address :	B=Both	O=Other			

4	Other Payee:	/a compare arread arread arread	factacent							
	Name of person	/agency owed support i	i not parent:	Last Name or Ag	gency Name		First		Middle	
	Mailing Address	S:Street					_Telephon	ne: ()_		
	Residential Add	ress (if different from a	bove):							
5		er: Is a party to this action	-	-	-	-	-		Yes 🗆 No	
	If yes, enter nam	ne(s) of protected party	(ies):							
6	(Attach addition	me Source Information nal pages if needed.) if this order requires bo								
	Name of Employer or	Source of Income					Tele	ephone		
	Street		Ci	ty		State			Zip	
7	Support Order	: Date Order Signed:_								
		upport and enter approp			pplicable, a	rrears due a	t time of or	rder: \$		
	Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty* (*list amo	Fees* unts if include	Interest* d in judgment)	
	Child Support	t: \$ per				\$	\$	\$	\$	
	□ Medical Supp	ort: \$ per				\$	\$	\$	\$	
	🗆 Spousal Suppo	ort: \$ per								
	Is payer exempt from income withholding under MCA 40-5-315? \Box No \Box Yes \Box Tribal Order List any special terms/conditions of the support order(s):									
	Was the mother represented by an attorney? \Box Yes \Box No Was the father represented by an attorney? \Box Yes \Box No									
	Information from child support guidelines worksheet:									
	Mother:	"Income after Deduct			0	r Payment of		": \$		
	Father:	"Income after Deduct				r Payment of	-			
8	Health Insuran	ce. (Attach additiona)	nages if nee	ded)		-	-			
0		Health Insurance: (Attach additional pages if needed.) Is health insurance provided for the children? □ Yes □ No (If no, answer last question in this section)								
	Name and relationship of party providing insurance: Policy No Policy No									
	Name of insurance carrier or health benefit plan:									
	Address of insura	ance carrier or health ben	efit plan:							
	Names of childr	en covered:							<u> </u>	
		ns of coverage:								
		ot covered, is coverage		-						
	Father's	s employer?	No		Moth	er's employ	er? □ Ye	s □ No		
9	This form was	completed by: Name	e / Title:							
	Telephone:	Signat	ure:			·	Date:			
		Complete nex		h parties are l in this form i						
		It may only be shared y			.			5-923.		

/Iu	Itiple Payers:	Complete Part	s 10 and 11	only if the o	rder requ	uires both	n parties	to pay s	upport.
0	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 So	urce of Income						Telephone	
	Street			C	ity			State	Zip
	Father's Employer/Income Source Information: Provide information about the father's employment or periodic source of income. (Attach additional pages if needed.)								
	Name of Employer or Source of Income							Telephone	
	Street			C	ity			State	Zip
1	Support Order:	Date	Order Signed:						
	Mother's Support Obligation If applicable, arrears due at time of order: \$								\$
	Check type of support and enter appropriate information								
	Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty* (*list amou	Fees* nts if included	Interest* d in judgment)
	□ Child Support:	\$j	per			\$	\$	\$	\$
	Medical Support		per						
	□ Spousal Support (Alimony)	t : \$ _]	per			\$	\$	\$	\$
	Is the mother exempt from income withholding under MCA 40-5-315? □ No □ Yes □ Tribal Order								
	Father's Support Obligation If applicable, arrears due at time of order: \$								
	Check type of support and enter appropriate information								
	Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty* (*list amou	Fees* nts if included	Interest* d in judgment)
	□ Child Support:	\$j	per			\$	\$	\$	\$
	Medical Support	t: \$	per			\$	\$	\$	\$
	□ Spousal Support (Alimony)	t : \$]	per			\$	\$	\$	\$
	Is the father exempt from income withholding under MCA 40-5-315? □ No □ Yes □ Tribal Order								
	List any special terms/conditions of the support order(s):								
	Was the mother represented by an attorney? \Box Yes \Box No Was the father represented by an attorney? \Box Yes \Box No Information from child support guidelines worksheet:								
	Mother: "	'Income after Ded			0	Payment of		": \$	
		'Income after Ded				•			