State of Montana Case Registry and Vital Statistic Reporting Form Department of Public Health and Human Services

INSTRUCTIONS

Order Information: Check the box that most accurately describes the type of order being entered. If it is 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 needs 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 (payor) 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 payor.

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 payors. Complete only if both parties are ordered to pay support. See Part 6 instructions.

Part 11: Order information for multiple payors. Complete only if both parties are ordered to pay support. See Part 7 instructions

STATE OF MONTANA CASE REGISTRY AND VITAL STATISTICS REPORTING FORM

(See instructions on first page)

County/Tribe			Judi	cial Distri	ct No	Cause No				
Date Decree/OrderSi	gned					<u> </u>				
☐ Dissolution of Marriage County that Issued Marriage License: City, County, State of Marriage: Date of Marriage:				Child Support)						
					☐ Le	Legal Separation with Child Support Order				
☐ With Child Suppor					□ De	Dependent Neglect/Juvenile Delinquency				
☐ Without Child Sup		(complete Par	ts 1, 2 & 9 only)		☐ Inv	alid Marriage	e-Specify Legal ខ្	grounds for A	Action:	
☐ Modification of Ch	=									
1 Spouse/Paren	t 1:	☐ Payor	☐ Payee	☐ Both	□ N/A	Former Na	ıme:			
Name:		. <u>-</u>		_		SSN	Tel	lephone#:		
Last		First		Middle	/Suffix					
Mailing Address:	Stree					City		State	Zip	
Residential Address ():			-		State	Σιρ	
Date of Birth:							Race:			
					/Foreign Cou					
Driver's License#/Sta	te				Occupation	on:				
Number of this marri	age (1 st ,2 nd ,	etc.):	Date, (City & Sta	ite of previo	us marriage(s	s):			
2. Cuana /Dana	.	П в	□ p	□ p-4b	□ N/A	F NI				
2 Spouse/Paren	it Z:	⊔ Payor	☐ Payee	□ Rotu	⊔ N/A		ame:			
Name:				Middle	Suffix	SSN	SSNTelephone#:			
Mailing Address:		11130		Middle	Jujjix					
	Stree	et .				City		State	Zip	
Residential Address (if different f	rom above):							
Date of Birth:		Pl	ace of Birth:				Race:			
					ate/Foreign C	,				
Driver's License#/Sta	te				Occupation	on:				
Number of this marri	age (1 st ,2 nd ,	etc.):	Date,	City & Sta	ite of previo	us marriage(s	s):			
☐ Other Payee: If	support is t	o be paid t	o another pay	yee, checl	k here and co	omplete Part	4.			
3 Names of Chil	dren Inclu	ıded in th	ne Support	Order:						
Last	Firs	st	Middle	Da	ate of Birth	Gender	SSN	Residen	ce of Child	
If any of the above-na	amed childre	en are not i	residing with a	a parent,	list the child	's name and a	ddress:	<u> </u>		
				. ,						

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4 Other Payee:							
Name of person/agency owed support if not a parent:							
3.7,	1iddle						
Mailing Address:	-						
State	Zip						
Residential Address (if different from above):							
5 Protective Order:							
Is a party to this action protected from another party to the action by an order of protection?							
Yes No If yes, enter name(s) of protected party(ies):							
6 Employer/Income Source Information:							
Provide information about the payor's employment or periodic source of income . (Attach additional pages if needed)							
☐ Check here if this order requires both parties to pay support. If checked, skip Parts 6 & 7, and complete Parts 8, 9,10 & 11							
Name of Employer or Source of Income Telephone #							
7 Support Order Date Order Signed:							
Chose type of support and enter appropriate information. If applicable, arrears due at time of order:\$							
Support Type Total Due Frequency Begin Date End Date Judgment Penalty Fees*	Interest*						
☐ Child Support: \$ \$ \$	\$						
☐ Medical Support \$ \$ \$	\$						
☐ Spousal Support: \$ \$ \$	\$						
(Alimony) (*list amounts include	l in judgment)						
Is payor exempt from income withholding under MCA 40-5-315? ☐ Yes ☐ No ☐ Tribal Order							
List any special terms/conditions of the support order(s):							
Was Parent 1 represented by an attorney? ☐ Yes ☐ No Was Parent 2 represented by an attorney? ☐	Yes □ No						
Information from child support guidelines worksheet:							
Parent 1:"Income after deductions" \$ "Credit for Payment of Expenses" \$							
Parent 2:"Income after deductions" \$ "Credit for Payment of Expenses" \$							
Credit for Payment of Expenses \$							
8 Health Insurance: (Attach additional pages if needed.)							
Is health insurance provided for the children? \square Yes \square No (If no, answer last question in this section)							
Name and relationship of party providing insurance: Policy No							
Name of insurance carrier or health benefit plan:							
Address of insurance carrier or health benefitplan:							
Names of children covered:							
Terms/conditions of coverage:							
If children are not covered, is coverage available through Parent 1 employer?							
Parent 2 employer? ☐ Yes ☐ No							
Tarente z employer.							
9 This form was completed by: Name/Title:							

Complete next page if both parties are ordered to pay child support

Information contained in this form is private and confidential.

It may only be shared with courts, agencies and individuals authorized by MCA 40-5-923.

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Multiple Payors: Complete Parts 10 and 11 only if the order requires both parties to pay support.

10Parent 1Employ	/er/Income Sou	rce Informat	ion:						
Provide information a	bout parent 1 e	mployment	or periodic s	ource of in	come. (Attac	ch additiona	I pages if n	eeded.)	
Name of Employer o			Telephone	? #					
Street	_	City				State Zip			
10Parent 2Employ	/er/Income Sou	rce Informat	ion:						
Provide information a	bout parent 2 e	mployment	or periodic s	ource of in	come. (Attac	ch additiona	I pages if n	eeded.)	
Name of Employer or :		Telephone #							
Street	Street				City				
11Parent 1Suppo	rt Order Date O	rder Signed:							
Parent 1 Support Ob	ligation:			If applicable	e, arrears due	at time of or	der:\$		
Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty	Fees*	Interest*	
☐ Child Support:	\$				\$	\$	\$	\$	
☐ Medical Support	\$				\$	\$	\$	\$	
☐ Spousal Support:	\$				\$	\$	\$	\$	
(Alimony)	1					(*list amou	nts in included	d in judgment,	
Is Parent 1 exempt from	income withholdi	ing under MC/	A 40-5-315?	☐ Yes	□ No	☐ Tribal Or	der		
11Parent 2Suppor	t Order Date Or	der Signed:							
Parent 2 Support Ob		aci signea		If applicable	e, arrears due	at time ofor	der:\$		
Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty	Fees*	Interest*	
☐ Child Support:	\$				\$	\$	\$	\$	
☐ Medical Support	\$				\$	\$	\$	\$	
☐ Spousal Support:	\$				\$	\$	\$	\$	
(Alimony)			I			(*list amo	unts in include	ed in judgmen	
Is Parent 2 exempt from	income withhold	ing under MC	A 40-5-315?	☐ Yes	□ No □	☐ Tribal Ord	ler		
List any special terms/co	nditions of the su	pport order(s):						
Was Parent 1 represente	edby an attorney	? □ Yes □	No v	Was Parent 2	2 represented	by an attorn	ey? □ Ye	es 🗆 No	
Information from child s	upport guidelines	worksheet:							
Parent 1: "Income after deductions": \$				"Credit for Payment of Expenses":\$					
Parent 2: "Income after	deductions": \$			"Credit for	Payment of E	xpenses":\$			

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