

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Phone Number

**Petitioner appearing without a lawyer**

**MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT  
\_\_\_\_\_ COUNTY**

In re the Marriage of:

\_\_\_\_\_,  
(First, Middle, Last)      Petitioner (*you*),

and

\_\_\_\_\_,  
Respondent (*your spouse*).

**Case No:** \_\_\_\_\_  
*(leave blank, the clerk will write in)*

**Petition for Dissolution of  
Marriage  
with Parenting Plan for Minor Children**

**1. Jurisdiction.**

- a. Husband or Wife meet the residency requirements in §40-4-104, M.C.A. For 90 days before filing this case, either the husband or wife lived or was stationed in Montana.
- b. Our marriage is irretrievably broken because there is serious marital discord and no reasonable prospect of reconciliation and/or we lived separate and apart for at least 180 days before this case was filed.
- c. The Montana Conciliation Law (beginning at §40-3-101, M.C.A.) does not apply in this case.

**2. You are the Petitioner. Your information:**

First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Your Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Your Year of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ What is your occupation? \_\_\_\_\_

How long have you lived in this county? \_\_\_\_\_

How long have you lived in Montana? \_\_\_\_\_

**3. Your spouse is the Respondent. Your spouse's information:**

First Name: \_\_\_\_\_

Middle Name(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Spouse's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Spouse's Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Your spouse's age: \_\_\_\_\_ What is your spouse's occupation? \_\_\_\_\_

How long have they lived in this county? \_\_\_\_\_

How long have they lived in Montana? \_\_\_\_\_

**4. Your marriage. Choose one.**

We were married on *(date)* \_\_\_\_\_. We filed our marriage license in \_\_\_\_\_ County, State of \_\_\_\_\_.

**OR**

We were married at common law as of *(date)* \_\_\_\_\_. We assumed a marital relationship by mutual consent and agreement. We confirmed our marriage by cohabitation and by public knowledge.

**OR**

We filed a declaration of marriage on (date) \_\_\_\_\_  
 in \_\_\_\_\_ County, State of \_\_\_\_\_.

**5. Separation. Choose one.**

We physically separated on (date) \_\_\_\_\_.

**OR**

We have not yet physically separated.

**6. Premarital Agreement. Choose one.**

We entered into an agreement prior to getting married. See Attachment 1. *(Write Attachment 1 on the prenuptial agreement and staple it to this document)*

**OR**

We do not have a premarital agreement.

**7. Pregnancy. Choose one.**

The wife is not pregnant.

**OR**

The wife is pregnant and the husband is the father.

**OR**

The wife is pregnant and the husband is not the father. The child is not part of this case.

**8. The children of the marriage. (include all children of this relationship, including those born or adopted by the parties)**

Name	Age	Year of Birth	Minor's primary home
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared

We have more children. See Attachment 2. *(Fill out Form \_\_\_\_ and staple Attachment 2 to this document)*

**9. Jurisdiction of the children. Choose the most accurate description.**

Our child(ren) lived in Montana for at least 6 consecutive months immediately

before this case was filed. If a child(ren) is less than six months old, the child(ren) lived in Montana since birth.

**OR**

Montana was the home state of the child(ren) within six months of this case being filed, and one parent continues to reside in Montana.

**OR**

The child(ren) and one parent have significant connections with Montana and substantial evidence about them is in Montana.

**OR**

The child(ren) are physically present in Montana and have been abandoned, the child(ren) are with a caretaker relative who was given custody, or an emergency exists requiring the child(ren)'s protection.

**OR**

No other state has jurisdiction over the child(ren) or the other state has declined jurisdiction over the children.

**10. Child(ren) residence(s).**

State law requires this information. *You can find this law at § 40-7-110, M.C.A. Start with the children's current address. Give the information for the past 5 years. If you don't know the individual's current address, write "not known" next to their name.*

Children's Names	Address	Starting MM/YY	Ending MM/YY	List of all other people living at this location, their relationship with child, and current address
			Still lives here	

There are more addresses. See Attachment 3. *(Fill out and staple Attachment 3 to this document)*

**11. Other Cases. State law requires this information. You can find this law at § 40-7-110, M.C.A.**

Do you have information about another court case concerning a child listed in this petition?

**Choose one:**

I don't know of any other case that could affect this one.

**OR**

There are other cases that could affect this one. Here is the list:

Order of Protection  Criminal case  Adoption  Guardianship  Child Protection Services  Other: *(describe)*

\_\_\_\_\_ Court:

\_\_\_\_\_ Case No: \_\_\_\_\_

I participated as a  party  witness  other: \_\_\_\_\_

I didn't participate.

Order of Protection  Criminal case  Adoption  Guardianship  Child Protection Services  Other: *(describe)*

\_\_\_\_\_ Court:

\_\_\_\_\_ Case No: \_\_\_\_\_

I participated as a  party  witness  other: \_\_\_\_\_

I didn't participate.

There are more cases. See Attachment 4. *(Fill out and attach Attachment 4 to this document)*

**12. Other people.**

Do you know of any other person, not your spouse, who has physical custody or claims to have physical custody or visitation rights with a child listed in this petition?

**Choose one:**

I don't know of any other person, not my spouse, who has physical custody or claims to have physical custody or to have visitation rights with a child listed in this petition.

**OR**

Here is a list of people who have physical custody or claims to have physical custody or visitation rights with a child listed in this petition:

Name	Address	Child's name	Description
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			<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims physical custody <input type="checkbox"/> Claims visitation rights
			<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims physical custody <input type="checkbox"/> Claims visitation rights
			<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims physical custody <input type="checkbox"/> Claims visitation rights

I understand I must give notice of this case to anyone on this list. See Attachment 5. (Fill out and staple a copy of Form MP-\_\_\_\_\_ this document for each person on this list)

**13. Parenting Plan.**

It is in the best interest of our child(ren) that this court adopt my proposed parenting plan. This is a document that I filed separately. My proposed parenting plan includes parenting time, child support, and medical support.

**NOTICE:** State law requires that a child support calculation using the Montana guidelines be filed with this court. I can find this law at §40-4-204, M.C.A.

**14. Preliminary Disclosure. Choose one:**

I served my spouse a description of my income and expenses by using Form MP-510 when I served the petition.

**OR**

I will serve my spouse a description of my income and expenses by using Form MP-510 on my spouse within 60 days of filing this case.

**15. Property Distribution. Choose one.**

We have marital property, including personal property, real property, other assets, liabilities, and/or debts that need to be distributed as we agree or by the court.

I ask the court to distribute our marital property as described in Form MP 500, Financial Disclosure and Proposed Property Distribution. This is a document that I filed separately.

**16. Former Name. Choose one.**

I am asking that my name be restored to my previous name of \_\_\_\_\_.

**OR**

I want to keep my current name.

**17. Spousal Support. Choose One.**

I am not requesting spousal support.

**OR**

I am requesting my spouse pay me \$\_\_\_\_\_ per month until \_\_\_\_\_ in spousal support. The payment must be made on the \_\_\_\_ of each month directly to me.

**OR**

I am requesting to pay my spouse \$\_\_\_\_\_ per month until *(date of last payment)* \_\_\_\_\_ in spousal support. The payment must be made on the \_\_\_\_ of each month directly to my spouse.

**18. Other.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I ask the court to take the following action:**

- 1. Enter a decree of dissolution of marriage dissolving our marriage;**
- 2. Adopt the Petitioner’s proposed parenting plan, including parenting time, child support, and medical support.**
- 3. Grant each party the marital property, including personal property, real property, other assets, liabilities, and/or debts as stated in the Petitioner’s Financial Disclosure and Proposed Property Distribution filed separately.**
- 4. If I asked the Court to do so, restore me to my former name.**

- 5. If I asked the Court to do so, to enter an order for spousal support.
- 6. If the court deems proper, award me my attorneys' fees and court costs pursuant to §40-4-110, MCA.
- 7. Other:

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8. And for any other relief this court decides is just and proper.

**I declare under penalty of perjury and under the laws of the state of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.**

Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Your Signature: \_\_\_\_\_