
2. Mother's Information

- ☐ I agree with the information in paragraph 2 of the Petition.
 - ☐ I disagree with the information in paragraph 2 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:
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3. Father's Information.

- ☐ I agree with the information in paragraph 3 of the Petition.
 - ☐ I disagree with the information in paragraph 3 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:
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4. Paternity.

- ☐ I agree with the information in paragraph 4 of the Petition.
 - ☐ I disagree with the information in paragraph 4 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:
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5. Child Support.

- ☐ I agree with the information in paragraph 5 of the Petition.
 - ☐ I disagree with the information in paragraph 5 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:
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6. Other Proceedings.

- ☐ I agree with the information in paragraph 6 of the Petition.
- ☐ I disagree with the information in paragraph 6 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:

7. Public Assistance received on behalf of the child(ren).

- ☐ I agree with the information in paragraph 7 of the Petition.
- ☐ I disagree with the information in paragraph 7 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:

8. Tax Deductions.

- ☐ I agree with the information in paragraph 8 of the Petition.
- ☐ I disagree with the information in paragraph 8 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:

9. Child Care.

- ☐ I agree with the information in paragraph 9 of the Petition.
- ☐ I disagree with the information in paragraph 9 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:

10. Extraordinary Education or Medical Expenses.

- ☐ I agree with the information in paragraph 10 of the Petition.
- ☐ I disagree with the information in paragraph 10 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:

11. Health Insurance.

- ☐ I agree with the information in paragraph 11 of the Petition.
- ☐ I disagree with the information in paragraph 11 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:

12. Child's Tribal Per Capita Dividends.

- ☐ I agree with the information in paragraph 12 of the Petition.
- ☐ I disagree with the information in paragraph 12 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:

13. Child's IIM Account.

- ☐ I agree with the information in paragraph 13 of the Petition.
- ☐ I disagree with the information in paragraph 13 of the Petition and wish to challenge all or part of this information in the Petition. I allege that the correct information is as follows:

14. Additional Relief. I request that the Court:

- ☐ By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- ☐ By checking this box, I am acknowledging that I have made a change to the original content of this form.

RESPECTFULLY submitted this ____ day of _____, 20__ by:

Respondent's Signature

VERIFICATION AND ACKNOWLEDGMENT

I, _____, swear/affirm under penalty of perjury that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

Signature

Date

Subscribed and sworn to or affirmed before me at _____, Montana on the ____ day of _____, _____.

(SEAL)

Clerk of Court, Notary Public or other
person authorized to administer oath.

My commission expires: _____

CERTIFICATE OF MAILING

I, _____, do hereby certify that I mailed a true and accurate copy of the **RESPONSE** to the opposing party on this ____ day of _____, 20__, at the addresses given below.

Signature