

Flathead County Clerk of District Court
920 South Main, Suite 300; Kalispell MT 59901
406-758-5870

CONTEMPT APPLICATION INSTRUCTIONS

- Complete the Application and Affidavit – date and sign both documents
- Complete top portion of the proposed Order to Show Cause
- Once a hearing has been set complete the Sheriff’s Praecipe and submit it to the Sheriff’s Department with 2 copies of the Order to Show Cause, 1 copy of the Application and a check or money order in the amount of \$90.00 made payable to the Flathead County Sheriff. ***If service must be obtained out of Flathead County the Applicant is responsible for any Sheriff’s Fee and the Praecipe supplied by this office may be used only as an example.*
- **YOU MUST APPEAR** at the hearing and present proof in support of the application
- **A COPY OF THE ORDER TO SHOW CAUSE** and the Application will be emailed to you if a contempt hearing is granted by the Court.
- **YOU ARE REQUIRED TO CALL** the Clerk of Court at 758-5870 one day prior to the hearing for verification of service. If service was not perfected by the Sheriff a minimum of fourteen (14) business days prior to the hearing, the hearing must be vacated and reset.

ASSISTANCE ALTERNATIVE

1. If the Applicant is on AFDC you may not use this method for obtaining child support. Please call the Child Support Services Division (CSSD) at 800-346-5437.
2. CSSD is also available to assist parties that live out-of-state, or are having difficulty locating ex-spouses/other parent for payment of child support.

ADDITIONAL INFORMATION

In seeking to have the Court exercise its power to enforce a decree it is your responsibility to prove

1. the party you are complaining against has violated the provisions of the decree / order
2. the party is able to comply with these provisions

FOR EXAMPLE: If you are claiming the other party has not paid child support, you must not only show failure to pay, but also that the other party has or had the financial means of making payments. This will usually require testimony by you or someone with knowledge that you have brought to court to testify that the other party has assets or a job, which produces income, etc. You may also call the other party to testify regarding proof of these facts. The important thing is that you recognize it is your obligation to prove all the facts and that the Judge may not act as your attorney in doing so.

Name, address, phone & email:

EMAIL: _____

MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

* * * * *

_____)	Cause No. DR-
Petitioner,)	
and)	<u>APPLICATION FOR HEARING</u>
)	<u>ON CONTEMPT</u>
_____)	
Respondent.)	

* * * * *

The party making this application will be responsible to appear and present legal evidence at a hearing to support this request. A frivolous petition will result in appropriate censure and sanctions, including possible contempt, loss of custody or visitation rights.

TO THE ABOVE ENTITLED COURT:

The above named **petitioner / respondent**, (circle one) being first duly sworn, respectfully petitions the above entitled Court to issue an Order why the **petitioner / respondent** (circle one) should not be held in contempt of Court for the following reasons: (e.g. failure to pay support, maintain reasonable supervision, permit reasonable visitation, violations of the Decree of Dissolution, etc. - BE SPECIFIC) PLEASE TYPE OR PRINT _____

The undersigned hereby deems this to be in the best interests of said children and further agrees, should a hearing be held, that he/she is subject to any revision of the Divorce Decree as it may pertain to support, custody, and visitation rights of said children.

Petitioner's address: _____ Respondent's address: _____

Telephone: _____ Telephone: _____

I DECLARE UNDER PENALTY OF PERJURY AND UNDER THE LAWS OF THE STATE OF MONTANA THAT ALL STATEMENTS AND INFORMATION CONTAINED IN THE FOREGOING ARE TRUE AND CORRECT.

DATE: _____ Signature: _____

(your name)

(your street address)

(city, state, zip code)

(your phone number)

(email address)

MONTANA 11th JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

_____)	Case No. DR-
)	
)	
Petitioner,)	
vs.)	AFFIDAVIT
)	
_____)	
Respondent.)	

I, _____, swear (or affirm) under oath that: _____
(print your name)

I DECLARE UNDER PENALTY OF PERJURY AND UNDER THE LAWS OF THE STATE OF MONTANA THAT ALL STATEMENTS AND INFORMATION CONTAINED IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT.

DATE: _____

Signature: _____

District Court Judge
Flathead County Justice Center
920 South Main
Kalispell, Montana 59901

MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

* * * * *

IN RE THE MARRIAGE OF) Cause No. DR-
)
_____,)
Petitioner,)
)
and) ORDER TO SHOW CAUSE
)
_____,)
Respondent.)

* * * * *

It appearing from the **Petitioner's/Respondent's** accompanying Application for Hearing on Contempt that the **Petitioner/Respondent** may have failed to comply with certain provisions ordered in the Decree or Order filed on _____ in the Eleventh Judicial District, Kalispell, Montana;

IT IS HEREBY ORDERED that the parties appear before this Court in the Flathead County Justice Center, 920 South Main, Kalispell, Montana, on _____, the _____ day of _____, 20____, at _____ a.m. and the **Petitioner/Respondent** show cause, if any he/she has, why he/she is not in contempt of Court for failing to comply with the terms of the Decree or Order as set forth in the Application for Hearing on Contempt. Both Petitioner and Respondent must be present at said hearing.

IT IS FURTHER ORDERED that a copy of the Application for Hearing on Contempt, Affidavit, and a copy of this Order to Show Cause shall be served upon _____ not less than fourteen days prior to said hearing.

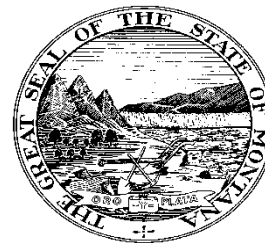
DATED this ____ day of _____, 20__.

District Court Judge

**Peg L. Allison
Clerk of District Court**

Eleventh Judicial
District

Flathead County
920 South Main, Ste 300
Kalispell, MT 59901
(406) 758-5870
pallison@flathead.mt.gov



Flathead County Sheriff Fee: \$90.00

and Petitioner,

Respondent.

Cause No. _____

SHERIFF'S PRAECIPE

PLEASE SERVE THE ATTACHED:
Application for Contempt
Order to Show Cause

on the PETITIONER / RESPONDENT, _____, in the above entitled
matter now set for hearing on _____, the _____ day of _____,
20____ at _____ a.m. and make due return to this office.

RESIDENCE:

WORK PLACE and HOURS:

Telephone: _____

Telephone: _____

Additional Directions / Information: _____

Applicant's mailing address:
