

Montana



INDICATOR NAME:	Domestic Violence Indicator
SETTING CRITERIA:	<u>IV-D</u> Self-report Good Cause request or status (TANF -- Domestic violence basis) <u>Non IV-D</u> Protection order
ELIGIBLE PEOPLE:	<u>People Directly Protected --</u> Victims <u>Others Protected --</u> Victim/abuser offspring in victim's household (Automatic)
IMPACT:	Sends FV Indicator to the FCR Shields address on IV-D generated documents
DURATION:	Indefinite
REMOVAL CRITERIA:	Victim request (Written)
OVERRIDE:	Preliminary procedure in place/materials available



Shown below are two screens -- "Case Information" and "Case Notes" -- that include Montana Domestic Violence (DV) Indicator fields. The appropriate field on each screen is set out in **bold**.

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XXXXXXXXX
CASE INFORMATION
DATE XX/XX/XX
USER XXXXXX XX TIME XX:XX
MODE DISPLAY CASE NO XXXXXX XX
ACTV CPS XX DV
AF 01 DOE, JOHN Q. ID XXXXXXXXXXXX SSN XXX-XX-XXXX
CP 01 DOE, JANE Q. ID XXXXXXXXXXXX SSN XXX-XX-XXXX
Y

STATES C CLOSED CCR STATUS ACTIVITY EST XX/XX/XX
STS DATE XX/XX/XX OPENED LAST REVIEWED XX/XX/XX
APPL RECD CLOSED
OPENED XX/XX/XX INTERSTATE
CLOSED XX/XX/XX CSENET

CLOSURE CODE 2100 SUPPRESS TAX INTERCEPT
CREDIT BUREAU
BILLING
SUBCASE TYPE CP WAIVES MED ENF
___ AFDC ___ NON IV-D CCR
___ NAFDC ___ NON IV-D CC IW ONLY
___ IV-E FC ___ NON IV-D DIRECT IW
___ NADC FC SECONDARY IDENTIFIERS
___ MED SUPP ENF ONLY REG 16 CONTRACT LOC ___ AP INITIATED
___ PARENTAL KDNPG
___ REG 16 LOCATE ONLY
    
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XXXXXXXXX
CASE NOTES
DATE XX/XX/XX
USER XXXXXX XX TIME XX:XX
MODE DISPLAY CASE NO WORKER RGN ACTV CP PAGE 01
XXXXXXXXX XXXXXX XX XX

AF 01 DOE, JOHN Q. ID XXXXXXXXXXXX SSN XXX-XX-XXXX
CP 01 DOE, JANE Q. ID XXXXXXXXXXXX SSN XXX-XX-XXXX

EVENT DT: XX/XX/XXXX CRIT (S/A): A AP: CP: STATUS C ACTIVITY: EST

S EVNT DTE EVENT DESCRIPTION ACTN DTE AP CP WRKR/RGN CODE
T
- XX/XX/XX ALLEGED DOMESTIC VIOLENCE AF1 1 XXXXXX XX XXXXXXXX
JANE DOE
- XX/XX/XX ALLEGED DOM-VIOL AREMOVED AF1 1 XXXXXX XX XXXXXXXX
    
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Montana policy was recently amended to include procedures related to the suppression of address information for people covered by a DV Indicator. That section of policy appears below.

5. DOMESTIC VIOLENCE INDICATOR/SUPPRESSING ADDRESSES

The 11/97 draft policy and procedures for suppressing participants' information have been changed. The new, final policy is as follows:

A. Upon receipt of **any oral or written request** from a participant (obligor or obligee) for suppression of the participant's address, where the participant claims release of the address may result in physical or emotional harm, the caseworker should immediately set the SEARCHS domestic violence (DV) indicator for that participant. No further evaluation of the claim, or proof of harm or risk of harm, is required. (An oral request is not considered *received* until the caseworker actually talks to the participant, following the *telephone call* tickler from CSU.)

B. The caseworker should also set the DV indicator if, in the course of ordinary casework, he or she discovers any of the following facts:

- (1) There is a protective or restraining order in place in favor of the participant and against the other parent/custodian in the case.
- (2) A good cause claim is pending for the participant's public assistance referral.
- (3) The public assistance case has received a *time clock exemption* based on a determination of domestic violence. This determination is not the same as a good cause determination; a case may receive a time clock exemption but be denied good cause.
- (4) The other parent/custodian in the case has directly stated or implied to the CSED that he or she intends physical or emotional harm to the participant.
- (5) The CSED Liaison has received information from the FAIM Coordinator indicating possible domestic violence against the participant by the other parent/custodian.

C. In the case of oral requests[,] the caseworker should ask the participant to submit a written request, for CSED records. **This procedure should not in any way delay or affect the setting of the DV indicator.** A form is being developed to make submitting the written request more convenient to the requestor; the caseworker can send the form, or ask the participant to send his or her own written request.

* * *

G. With respect to cases where address protection was denied under the previously issued guidance (7/97 NOCS training, or 11/97 CSEALL), caseworkers should, to the extent practical, attempt to identify these cases and, where applicable under the new policy, correct SEARCHES by setting the DV indicator effective immediately.

4	<p>Other Payee: Name of person/agency owed support if not parent: _____ <div style="text-align: center; margin-left: 150px;"> First Name or Agency Name Middle Last/Suffix </div> Mailing Address: _____ Telephone: _____ <div style="text-align: center; margin-left: 100px;"> Street City State Zip </div> Residential Address (if different than above): _____</p>																																													
5	<p>Protective Order: At the time of disposition, is a party to this action protected from another party to the action by a restraining or protective order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name(s) of protected party(ies): _____</p>																																													
6	<p>Employer/Income Source Information: Provide information about the payer's employment or periodic source of income. <input type="checkbox"/> Check here if this order requires both parties to pay support and skip Parts 6 & 7. Complete Parts 8, 9, 10 & 11.</p> <p>_____ Name of Employer or Source of Income Telephone _____</p> <p>_____ Street City State Zip</p>																																													
7	<p>Support Order: Date Order Signed: _____ If applicable, arrears due at time of order: \$ _____ Check type of support and enter appropriate information</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Support Type</th> <th style="text-align: left;">Total Due</th> <th style="text-align: left;">Frequency</th> <th style="text-align: left;">Begin Date</th> <th style="text-align: left;">End Date</th> <th style="text-align: left;">Judgment</th> <th style="text-align: left;">Penalty*</th> <th style="text-align: left;">Fees*</th> <th style="text-align: left;">Interest*</th> </tr> <tr> <td colspan="9" style="text-align: center; font-size: small;">(*list amounts if included in judgment)</td> </tr> </thead> <tbody> <tr> <td>Child Support:</td> <td>\$ _____</td> <td>per _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Medical Support:</td> <td>\$ _____</td> <td>per _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Spousal Support: (Alimony)</td> <td>\$ _____</td> <td>per _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Is payer exempt from income withholding under MCA 40-5-315? <input type="checkbox"/> No <input type="checkbox"/> Yes List any special terms/conditions of the support order(s): _____</p> <p>_____</p> <p>Was the mother represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the father represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Information from child support guidelines worksheet:</p> <p>Mother: "Income after Deductions": \$ _____ "Monthly Obligation": \$ _____ Father: "Income after Deductions": \$ _____ "Monthly Obligation": \$ _____</p>	Support Type	Total Due	Frequency	Begin Date	End Date	Judgment	Penalty*	Fees*	Interest*	(*list amounts if included in judgment)									Child Support:	\$ _____	per _____	_____	_____	_____	_____	_____	_____	Medical Support:	\$ _____	per _____	_____	_____	_____	_____	_____	_____	Spousal Support: (Alimony)	\$ _____	per _____	_____	_____	_____	_____	_____	_____
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8	<p>Health Insurance: Is health insurance provided? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, answer last question in this section)</p> <p>Name and relationship of party providing insurance: _____ Policy No. _____ Name of insurance carrier or health benefit plan: _____ Address of insurance carrier or health benefit plan: _____ Names of children covered: _____ Terms/conditions of coverage: _____ If children are not covered, is coverage available through: <div style="display: flex; justify-content: space-around;"> Father's employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Mother's employer? <input type="checkbox"/> Yes <input type="checkbox"/> No </div></p>																																													
9	<p>This form was completed by: Name/Title: _____</p> <p>Telephone: _____ Signature: _____ Date: _____</p> <p style="text-align: center;">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.</p>																																													

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

10	<p>Mother's Employer/Income Source Information: Provide information about the mother's employment or periodic source of income.</p> <p>_____ Name of Employer or Source of Income Telephone</p> <p>_____ Street City State Zip</p>																																				
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(Draft 7/98)

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. *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 both parties owe 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 is the residential custodian (who 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, 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 a 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 of support ordered and enter the amounts and how often they are due. (Ex: \$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 an 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. (Ex: 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. (Ex: mother, father, mother’s spouse, father’s spouse.) List the terms and conditions of the insurance coverage. (Ex: 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 instruction.

