



DIVORCE DECREE REQUEST FORM

(please print legibly)

Spouse 1 Name (at time of divorce):

Spouse 2 Name (at time of divorce):

Date of divorce:

Requested by:

Phone number:

Email:

Address:

City/Town:

Zip Code:

Please note: Divorce decrees are a set fee per 25-1-201, MCA. For any other documents from your divorce file, please call or email this office to find out the number of pages of the document and the cost, i.e. parenting plans, settlement agreements, etc.

Copy/certification fees per 25-1-201, MCA

Copy of divorce decree: \$10.00 each

Certification/court seal: \$2.00 each

Other copies: \$1 per page for first 10 pages, \$.50 per page after first 10 pages.

Total enclosed: \$_____ (money order or cashier's check only)

Please mail **request form, payment & self-addressed stamped envelope** to:

Carly Jay Anderson
Clerk of District Court
Beaverhead County
2 S. Pacific St., #5
Dillon, MT 59725
406-683-3725
canderson4@mt.gov