PARENT / LEGAL GUARDIAN NOTICE

DECLINATION OF VOLUNTARY PARTICIPATION

Request for Written Child Welfare Investigation Information

Date: [Date]

From: [Parent/guardian full name]

Mailing address: [Street, city, state, ZIP]

Email / phone: [Email / phone, optional]

To: Montana DPHHS, Child and Family Services Division — [Office / worker name]

Re: Child welfare assessment concerning [Child initials / case number]

To the assigned child protection investigator and supervisor:

I am the parent/legal guardian identified above. Under Montana Code Annotated (MCA) § 41-3-216 and the protections of the Fourth Amendment, I am documenting my decisions concerning voluntary consent. I understand CFSD must investigate qualifying reports under MCA § 41-3-202.

NOTICE OF NONCONSENT

At this time, I decline voluntary questioning of me, voluntary nonemergency entry into my home, and voluntary drug/alcohol testing. I do not authorize a blanket release of my medical or mental health records. I request an opportunity to consult legal counsel before signing proposed agreements or releases. Any future request for consent will be evaluated separately.

PLEASE MAIL OR EMAIL THE FOLLOWING:

- The initial written rights description required by MCA § 41-3-216(2), any later applicable subsection (3) disclosures (including private medical-record consent and ADA accommodations), and the current CFSD family guide.
- The assigned investigator's name, official contact information, supervisor's name, case/reference number, and allegations that may lawfully be disclosed.
- Written clarification of each proposed service, assessment, prevention or safety plan, and whether it is voluntary, court-ordered, or otherwise legally required.
- On request, the written safety and risk assessment under MCA § 41-3-202(6), and information about obtaining review of any recorded child interview under § 41-3-202(4), subject to confidentiality law.
- The complaint procedures required on request by MCA § 41-3-216(4), written finding and review instructions. Upon removal of my child, please provide the subsection (1) oral rights notice, including the right to record an interaction after informing the employee that the interaction is being recorded.

Please direct routine, nonurgent communications to me in writing. For urgent child-safety concerns, please use appropriate lawful procedures. Please place this notice in the agency record and confirm receipt in writing.

This notice does not prevent legally authorized investigations, child interviews at schools or elsewhere, valid court orders, or emergency protective action. I am not requesting that anyone conceal a child, disregard a court order, or obstruct lawful safety measures. I reserve all applicable rights.

Sincerely,

[Signature] _____

[Printed name] _____

LEGAL REFERENCES: MCA §§ 41-3-216, 41-3-202; ARM 37.47.610. For eligible SUBSTANTIATED findings, send a written fair-hearing request within 30 days after initial notice was MAILED to: DPHHS, Office of Legal Affairs, P.O. Box 4210, Helena, MT 59604. An informal review follows. The rule excludes other finding classes; verify its current filed version and actual notice. WORKING RESEARCH DRAFT — NOT ATTORNEY-CERTIFIED.

IMPORTANT - NO APPEAL FILED: This notice does not file an appeal, hearing request, grievance, or court petition; it does not pause any deadline. Follow the case-specific notice and filing instructions.