|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County District/Juvenile Court  Court Address: | Court Use Only |
| Petitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  and  Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (*or co-petition*er) |
| Attorney or Party Without Attorney (My name and address):  Phone Number: E-mail:  FAX Number: Atty. Reg.#: | Case Number:  Division: Courtroom: |
| Motion to Modify Child Support | |

I am the  Petitioner  Respondent (*or Co-Petitioner*) and I respectfully request a change to the child support obligation. I file this motion pursuant to C.R.S. § 14-10-122.

**Note to Responding Party:** If you disagree with this Motion you must file a written response (JDF 1315) with the Court. Your response is due within 21 days of this motion’s service date (found on page 4).

**Note to Both Parties:** You must provide a Sworn Financial Statement (JDF 1111) and Certificate of Compliance (JDF 1104) to the Court and other Parties. These forms are due within 42 days of this motion’s service date. Visit [www.courts.state.co.us/Self\_Help](http://www.courts.state.co.us/Self_Help) for forms and more information.

1. **Certificate of Conferral**

I checked to see if the other parties agree with my request. They:

Agree  Disagree  Did Not Respond

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Information about Petitioner:** Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Information about Respondent:** Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The parties have \_\_\_\_\_\_\_\_ minor child(ren):

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** | **Present Address** | **Sex** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Under the current support order:

The Petitioner has \_\_\_\_\_\_\_\_\_\_ overnights per year with the child(ren).

The Respondent (*or Co-Petitioner*) has \_\_\_\_\_\_\_\_ overnights per year.

1. Under the current support order:

Who pays child support?  Petitioner  Respondent (*or Co-Petitioner*)

How much is the child support obligation? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This is paid:  weekly  bi-weekly

twice a month  monthly

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Does the current support order contain a provision for medical insurance coverage?

Yes\*  No

\*If yes, how much does that coverage cost? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Have you attached a current Sworn Financial Statement (JDF 1111) to this Motion?

Yes  No\*

\*If no, you must file one within 42 days.

1. Reasons for the Change

I believe the support order should be changed because of the following substantial and continuing change(s):

day care costs  amount of income

parenting time  place of residence

child emancipation  medical insurance coverage

other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I believe these would cause the child support payment to change by at least 10%.

I am requesting a change to the child support because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you attached a proposed child support worksheet to this Motion?

Yes\*  No

\*If yes, what is the proposed child support payment?

$ \_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid:  weekly  bi-weekly

twice a month  monthly

other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Does either parent live in another state?

Yes\*  No

\*If yes, which parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In which state? \_\_\_\_\_\_.

1. Is either party receiving child support enforcement services?

Yes\*  No

\*If yes, in which county? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In which state? \_\_\_\_\_\_.

1. Is either party currently receiving public assistance?

Yes\*  No

\*If yes, answer the following:

|  |  |  |
| --- | --- | --- |
| **Name of Person Receiving Benefit** | **Name of County or State** | **Case Number** |
|  |  |  |
|  |  |  |

1. I request a tax exemption change.  (*Check only if applicable*.)

I request a change in the current tax exemption because of the reallocation of the costs of raising the dependent child(ren), pursuant to C.R.S. § 14-10-115(12).

 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.

**\*Your Signature is Required Before Filing with the Court**

**15. Signature & Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Print your name \*Your Signature Date

**16. Certificate of Service**

I certify that on (*enter date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a true and accurate copy of this documentwas served on the other party by:

Hand Delivery  E-filed through Colorado Courts E-Filing

Faxed to this number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or

Mail through the United States Postal Service, postage pre-paid, and addressed:

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Your signature

Check here if you also sent a copy to the Child Support Enforcement Unit. You must send them a copy if they are involved in the case.