

5. Under the current child support order, the Petitioner's Co-Petitioner's/Respondent's child support obligation is \$ _____ and is paid weekly bi-weekly twice a month monthly Other: _____.
6. (Check only if applicable.) The current support order does not contain a provision regarding medical insurance (medical, dental, and/or vision) coverage.
7. A change in the current Support Order is appropriate because of the following change(s) in circumstance(s). Please check the appropriate box. Day Care costs Change in Income
 Change in Parenting Time Change in Residence Emancipation of a Child
 Medical insurance coverage Other: _____

Describe why you are requesting the modification.

8. The new child support obligation that I am requesting is is not more than a 10% change from the current child support order. The proposed child support obligation should be \$ _____ to be paid weekly bi-weekly twice a month monthly other: _____.
9. I/We have completed a child support worksheet that shows what the new child support obligation should be. The child support worksheet is is not attached to this Motion.
10. I/We have attached current Sworn Financial Statements to this Motion.
11. Is either party currently receiving public assistance? Yes No If you checked Yes, answer the following:

Name of Person Receiving Benefit	Name of County or State

12. Is either party receiving child support enforcement services. Yes No If Yes, identify _____ (County) _____ (State).
13. Does either parent live in another state? Yes No If Yes, identify _____ (name of person) and _____ (City and State) they are currently living in.
14. (Check only if applicable.) I request a change in the current tax exemption because of the reallocation of the costs of raising the dependent children, pursuant to §14-10-115(12), C.R.S.

I respectfully request that this Court enter an Order modifying the Petitioner's Co-Petitioner's/Respondent's child support obligation as described above.

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. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

VERIFICATION AND ACKNOWLEDGMENT

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(printed name of Petitioner or Co-Petitioner/Respondent)

Signature of Petitioner or Co-Petitioner/Respondent Date

Address

City, State, Zip Code

(Area Code) Telephone Number (home)

(Area Code) Telephone Number (work)

CERTIFICATE OF SERVICE

I certify that on _____ (date) a true and accurate copy of the **Verified Motion to Modify Child Support** was served on the other party by:

Hand Delivery, E-filed, Faxed to this number: _____, or

by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: _____

Your signature

If the Child Support Enforcement Unit is involved in the case; you must provide them a copy of this Motion.