❑District Court ❑Denver Juvenile Court _____ County, Colorado Court Address: In re: ❑The Marriage of: ❑The Civil Union of: ❑Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent:	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg.#:	Case Number: Division Courtroom

MOTION TO MODIFY CHILD SUPPORT PURSUANT TO §14-10-122, C.R.S.

Note to Responding Party: If you disagree with this Motion, the Colorado Rules of Civil Procedure allow you to file a written response with the Court which must be filed within 21 days of the date this Motion was served on you or mailed to you.

The ❑Petitioner ❑Co-Petitioner/Respondent states the following for the purpose of modifying child support.

1. **Information about Petitioner:** Date of Birth: _____

   Current Mailing Address: _____

   City & Zip: _____

   Home Phone #: _____ Work Phone #: _____ Cell #: _____

2. **Information about Co-Petitioner/Respondent:** Date of Birth: _____

   Current mailing address: _____

   City & Zip: _____

   Home Phone #: _____ Work Phone #: _____ Cell #: _____

3. The parties have _____ minor child(ren):

Full Name of Child	Present Address	Sex	Date of Birth

4. Under the current Support Order, the Petitioner has_____ overnights per year with the children and the Co-Petitioner/Respondent has _____ overnights per year with the children.

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.

SIGNATURE

_____ _____
(Print name of Petitioner or Co-Petitioner/Respondent Signature of Petitioner or Co-Petitioner/Respondent Date

_____
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.