

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> In re: <input type="checkbox"/> The Marriage of: <input type="checkbox"/> The Civil Union of: <input type="checkbox"/> Parental Responsibilities concerning: _____ Petitioner: and Co-Petitioner/Respondent:	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____  Division _____ Courtroom _____
<b>MOTION TO MODIFY CHILD SUPPORT PURSUANT TO §14-10-122, C.R.S.</b>	

**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.
 

<input type="checkbox"/> Day Care costs	<input type="checkbox"/> Change in Income
<input type="checkbox"/> Change in Parenting Time	<input type="checkbox"/> Change in Residence
<input type="checkbox"/> Medical insurance coverage	<input type="checkbox"/> Emancipation of a Child
<input type="checkbox"/> Other: _____	

Describe why you are requesting the modification.

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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 IS REQUIRED ON THIS FORM BEFORE FILING WITH THE COURT**

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### 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)

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### 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.