Nebraska State Court Form DC 6:14.12 Rev. 06/19 Neb. Rev. Stat. § 42-364, Neb. Ct. R. § 4-217	**ORDER FOR MODIFICATION OF CHILD SUPPORT**	

IN THE DISTRICT COURT OF _____ COUNTY, NEBRASKA
Choose the county (county where the original action was filed)

_____,
(name of the plaintiff in original action)
Plaintiff,

vs.

_____,
_____,
(name of the defendant(s) in original action)
Defendant(s).

Case No. _____
(case number in original action)

ORDER FOR MODIFICATION (CHILD SUPPORT)

This matter came before the_____ County District Court on
(county where the original action was filed)
_____, for a hearing on the ☐ plaintiff's, ☐ defendant's
(date of the hearing)
Complaint for Modification of Child Support.

The ☐ plaintiff, ☐ defendant in the original case is the complainant in this action and appeared in court without an attorney.

_____ ☐ was, ☐ was not present and ☐ was, ☐ was not
(name of other party)
represented by counsel _____.
(name of the other party's attorney)

The court heard testimony and received exhibits into evidence. Based on all of the evidence before the court, the court finds as follows:

Findings of Fact:

1. The ☐ plaintiff, ☐ defendant filed the Complaint for Modification of Child Support on _____.
(date that you filed the Complaint for Modification)
2. The ☐ plaintiff, ☐ defendant:

   ☐ was personally served with a copy of the Complaint on _____.

   OR

   ☐ signed a Voluntary Appearance which was filed with the court on _____.
   (The clerk of the district court will enter this date)

3. The court has jurisdiction over the parties as well as authority to address the subject matter presented in the Complaint.

4. The parties have _____ child(ren) whose welfare is affected by this modification
(number of children)

On _____ the court ordered _____
(date of the most recent order setting child support) (name of payor)

to pay child support for the below listed child(ren):

_____, born _____
(Name of child) (Child's year of birth)
_____, born _____
(Name of child) (Child's year of birth)
_____, born _____
(Name of child) (Child's year of birth)
_____, born _____
(Name of child) (Child's year of birth)

☐ Additional children are listed on a separate page.

Pursuant to the Nebraska Child Support Guidelines, child support payments were to begin

on the 1st day of _____, and continue
(month and year the most recent order setting child support became effective)

on the first day of each subsequent month thereafter in the amounts set forth:

_____ per month for _____ children
(support amount) (number of children)

_____ per month for _____ children
(support amount) (number of children)

_____ per month for _____ children
(support amount) (number of children)

_____ per month for one child
(support amount)

5. There has been a material change in the ☐ plaintiff's, ☐ defendant's circumstances since the date the most recent order for support was entered. Application of the Nebraska Child Support Guidelines would result in a change to the previously ordered child support obligation by more than 10% and result in a monthly dollar difference of $25.00 or more.

6. The change in circumstances has lasted three months or more and reasonably can be expected to last for another six months.

(Number 7 is to be completed by the district court judge.)

7. One or both parents ☐ do ☐ do not have health insurance available to them, through their employer, at a reasonable cost.

   The ☐ plaintiff ☐ defendant ☐ is ☐ is not able to provide cash medical support. Neb. Ct. R. § 4-215.

Based on these findings, the court enters the following order:
(This section is to be completed by the district court judge.)

1. Pursuant to the Nebraska Child Support Guidelines, child support payments by

   _____ are to be paid on the 1st day of
   (name of payor)
   _____, by the ☐ plaintiff, ☐ defendant and continue on the first day of each subsequent month thereafter in the amounts set forth:

   _____ per month for _____ children
   (support amount) (number of children)

   _____ per month for _____ children
   (support amount) (number of children)

   _____ per month for _____ children
   (support amount) (number of children)

   _____ per month for one child
   (support amount)

   A worksheet showing the calculations under the Nebraska Child Support Guidelines is attached to this Order.

2. Child support payments shall be made to the Nebraska Child Support Payment Center, P.O. Box 82600, Lincoln NE 68501-2600.

3. This Order shall remain in full force and effect until the minor child(ren) reaches/reach the age of 19, marries or dies, is emancipated or until further order of this court.

4. Health Insurance/Cash Medical Support

☐ The ☐plaintiff, ☐defendant shall provide health insurance coverage for the minor child(ren) as a policy is available through their employer at a reasonable cost, within the meaning of Neb. Ct. R. § 4-215 of the Nebraska Child Support Guidelines.

☐ The ☐plaintiff, ☐defendant shall pay the amount of $_____ per month as cash medical support for the minor child(ren).

☐The ☐plaintiff, ☐defendant is unable at this time to provide health insurance for the minor children because it is not available at a reasonable cost through an employer, within the meaning of Neb. Ct. R. § 4-215 of the Nebraska Child Support Guidelines. Likewise, the ☐plaintiff, ☐defendant is unable to make a monthly cash medical support payment because a requirement for cash medical support would put them below the federal poverty guidelines.

5. All other provisions of this court's Order entered _____,
(date of the most recent order setting child support)
not specifically modified herein shall remain in full force and effect.

Date: _____ _____
District Court Judge