## INSTRUCTIONS FOR YOUR HEARING ON THE COMPLAINT FOR MODIFICATION OF CHILD SUPPORT

Arrive at your hearing at least 15 minutes before it is scheduled to begin. Once you arrive at the courthouse or justice center, ask the clerk of the district court how to let the judge know that you are there for the final hearing

Be sure to bring two copies of each of the following completed forms to your hearing:

- Child Support Worksheet
- The Order for Modification

Take the hearing script with you. Also, take with you the documents, or other proof that your income has changed, you want to give the judge.

When the court calls your case, you will be asked if you are ready to proceed. You must tell the court that you are ready and would like to testify. Before you begin testifying, hand the judge the original and copies of the documents you have brought with you.

Ask the court for permission to have the court reporter mark your documents as exhibits. The judge will have you take those items to the court reporter, who will then put a sticker with a number on each document. When the court reporter has finished, take the document to the judge and say, "Your Honor, I offer exhibit number \_\_\_\_\_ (the numbers given to the exhibit by the court reporter) into evidence."

You may be asked to take the witness stand. The court will have you swear that you will tell the truth. You are ready to go forward.

You must testify to the following:

| 1. | My name is | and I am the | plaintiff/ | defendant |
|----|------------|--------------|------------|-----------|
|----|------------|--------------|------------|-----------|

in the original case.

**2.** *I live at* 

in

(your street address: if confidential under Nebraska or Federal law, enter county and state only and provide an alternative address for mailing of notice)

| (city, county, and state where you live) |
|--|

3. On \_\_\_\_\_\_ this court entered a decree. As part of the

| decree, the court ordered | to pay \$ | per month |
|---------------------------|-----------|-----------|
|---------------------------|-----------|-----------|

in child support for \_\_\_\_\_ minor children.

- **4.** There has been a material change in circumstances since the date the original decree was filed.
- 5. The change in circumstances is as follows:

6. I already have submitted a child support worksheet.

7. In further support of my testimony, I ask the court to take judicial notice of the original (or most recent) order of support.

# 8. Choose One:

To the best of my knowledge, the other party is still earning the same amount of income they were at the time the previous support order was entered

To the best of my knowledge, the other party is earning:

a. \$ \_\_\_\_\_ per hour for \_\_\_\_\_\_ hours per week. (amount per hour) (number of hours)
b. \$ \_\_\_\_\_\_ salary per month plus monthly bonuses of (amount per month) \$ \_\_\_\_\_\_\_.

(average amount of bonus)

OR

*I have no direct knowledge of what the other party is earning, but to the best* 

of my knowledge, the other party is capable of working at least 40 hours per week

and earning at least minimum hourly wage.

9. I am asking the court to enter a new order of child support.

### **10. Child support**

**a.** I am asking the court to order child support in the amount that appears on the child support worksheet I already have offered to the court.

## 11. (Optional - Choose one:)

**a.** I am requesting an abatement of child support of \_\_\_\_\_\_ % for the month(s) of

#### OR

b. The other party and I have agreed that \_\_\_\_\_\_ will have an ("I" or "the other party") abatement of child support of \_\_\_\_\_\_% for the month(s) of:

## 12. Health Insurance

#### a. Choose one:

- i. I am not asking the court to change the order regarding health insurance.
- ii. I have health insurance available to me through my employer. I can get the child health care coverage under that plan.
- iii. I do not have health insurance available to me through my employer

#### b. Choose one:

- i. The other party has health insurance through his/her employer. He/ She can get the child health care coverage under that plan.
- ii. The other party does not have health insurance available to him/her at a reasonable cost through his/her employer.
- **c.** I have no idea whether the other party has access to health insurance through his/her employer.

# c. Answer **<u>BOTH</u>**:

- i. I am am not able to pay cash medical support.
- ii. The other party is is not capable of paying cash medical support.

# 13.I have nothing further your honor. Thank you