Modification of Child Support Information Worksheet

This worksheet is to assist you in gathering information needed to complete the Complaint for Modification of Child Support, and is <u>not filed</u> <u>with the court</u>. It is <u>not required</u> and <u>it is not a substitute</u> for the complaint for modification.

For the "Complaint for Modification of Child Support": (Most of this information may be found on the most recent Child Support Order.)

County where the most recent child support order was filed		
Full name of the plaintiff in the original action		
Full name of the defendant in the original action		
Date of the most recent order setting child support		
Who was ordered to pay child support?		
The month that the most recent child support order became effective		
***Are you or the other party a member of the armed forces?		
The names and years of birth for each child covered under the most recent child support order	Child's Name	Year of Birth
If support was ordered for more than one child, list the total amount of support per month and show how support will decrease as each child reaches the age of 19, dies, marries, or is emancipated. This calculation will be in the original support order.	Support Amount	# of Children
If the support was ordered to stop temporarily or go down during certain describe what the order says about that.		

Was the payor ordered to provide health insurance or cash medical support?

Was the payor ordered to provide child care support?

What is the change in circumstances since the last support order?

Financial Affidavit for Child Support (additional information combined with above):

If currently an order for support for minor children

Name of the court Case number Amount of support Number of children	
Name of your employer	
Gross monthly income (before taxes) Hourly wage rate and # of hrs. (if hourly employee) OR Monthly wage (if salaried employee)	
Any regular bonuses received	
Name of other party employer Gross monthly income (before taxes)	
Hourly wage rate and # of hrs. (if hourly employee) OR Monthly wage (if salaried employee) Any regular bonuses received	
If your income has gone down:	
Name of past employer	
Gross monthly income (before taxes) Hourly wage rate and # of hrs. (if hourly employee) OR Monthly wage (if salaried employee) Any regular bonuses received	
If other party's income has gone down:	
Name of past employer	
Gross monthly income (before taxes) Hourly wage rate and # of hrs. (if hourly employee) OR Monthly wage (if salaried employee) Any regular bonuses received	
Amount you pay for health insurance per month for children ONLY	

Amount other party pays for health insurance per month for children ONLY	
Amount you contribute to retirement each month.	
Amount other party contributes to retirement each month.	
Other children you are paying support for (if any): For children NOT living with you: Names and years of birth Method of support Name of the court, if ordered	
Case number Amount	
For children who ARE living with you: Name of other parent, if not ordered Parent's gross monthly income	
Other children other party is paying support for (if any) For children NOT living with the other party:	
Names and years of birth Method of support Name of the court, if ordered Case number	
Amount	
For children who ARE living with the other party: Name of other parent, if not ordered	
Parent's gross monthly income	

Voluntary Appearance (additional information combined with above):

The other party's mailing address:

Praecipe for Summons (additional information combined with above):

The County and State where the other party will be served