Nebraska State Court Form DC 6:14.4 Rev. 06/2019 Neb. Rev. Stat. § 42-364, Neb. Ct. R. § 4-217	**COMPLAINT FOR MODIFICATION OF CHILD SUPPORT (DECREASE)**	☑ Printing the form and handwriting the answers. ☐ Completing the form electronically. See Self-help Page

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)

COMPLAINT FOR MODIFICATION OF CHILD SUPPORT (DECREASE)

I, _____, without the assistance of an attorney, state that the following is true:
(your full name)

1. 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)

2. There has been a material change in circumstances since the date the Order was entered.

3. _____ is eligible for a Modification of the Child Support Order
(name of payor)
within the meaning of the Nebraska Child Support Guidelines and Nebraska Statutes.

4. Application of the Nebraska Child Support Guidelines to _____ 's
(name of payor)
current income would decrease the monthly child support obligation by 10% or more, and by not less than $25 per month.

5. The material change in _____'s circumstances since the date of the
(name of payor)
most recent order setting child support is as follows: _____ 's
(name of payor)

Check All That Apply

☐ employment income has been substantially reduced.

☐ is unemployed.

☐ is disabled.

☐ only income is Supplemental Security Income (SSI).

☐ cannot get a job.

☐ other:

_____
_____
_____

6. The change in _____'s financial circumstances has lasted for
(name of payor)
three months and can reasonably be expected to last for an additional six months.

WHEREFORE, I ask that this court modify the child support obligation entered on _____, and decrease the monthly child support obligation to an
(date of the most recent order setting child support)
amount consistent with the Nebraska Child Support Guidelines, and for such other relief as the court deems appropriate.

_____ Date _____
Signature

_____ _____
Name Street Address/P.O. Box

_____
City/State/ZIP Code

_____ _____
Phone Email Address