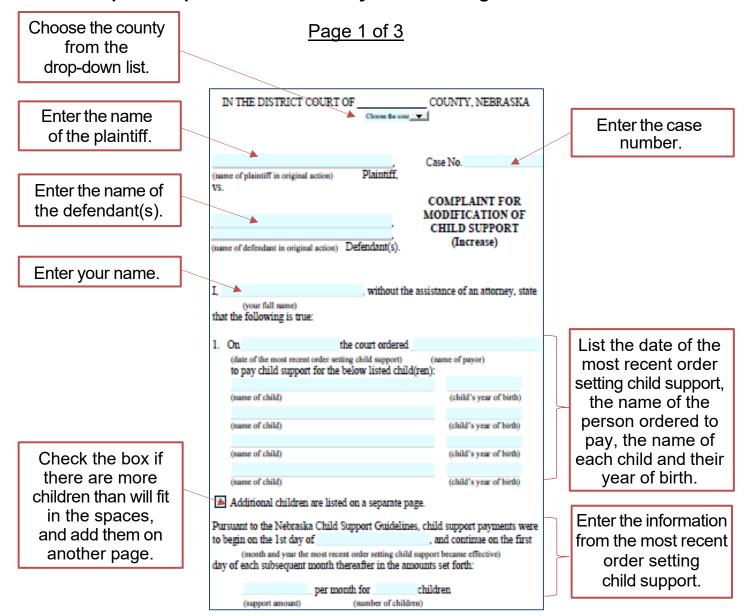
## COMPLETING THE COMPLAINT FOR MODIFICATION OF CHILD SUPPORT (INCREASE)

Use this form to ask the court to increase the amount of the child support obligation.

**Note:** the majority of the information needed for this complaint will be found on your original Divorce Order, Order for Paternity, Custody and Child Support, **or** the most recent Order for Modification of Child Support. It is important that the information in this Complaint matches the information in the <u>most</u> recent child support order.

You must provide proof of the reason you are asking for an increase.



## Page 2 of 3

Enter the name of the person ordered to pay child support.

Enter the date of the most recent order setting the child support.

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

- Application of the Nebraska Child Support Guidelines to the party(ies) current income would increase the monthly child support obligation by 10% or more, and by not less than \$25 per month.
- The material change in the party(ies) circumstances since the date of the most recent order setting child support is as follows: (check all that apply)
- increased. (name of party)

  's employment income has substantially decreased. (name of party)

  's employment income has substantially decreased.
- The change in the party(ies) financial circumstances has lasted for 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 increase the monthly child support obligation

(date of the most recent order setting child support) to an amount consistent with the Nebraska Child Support Guidelines, and for such other relief as the court deems appropriate. (continued) Enter the information from the most recent order setting child support.

Check all of the boxes that apply, and the name of the person the statement refers to.

You must have proof of the reasons checked.

## Page 3 of 3

## Read this statement carefully.

If you **CANNOT** receive emails, check the box, and use the lines to explain why you can't.

Signature:	Date:
Printed Name:	
Street Address/P.O. Box:	
City/State/ZIP Code:	
Telephone Number:	
*Email address:	
attorneys and representing themsel will use the email address to send r	2-208 requires individuals who are not ves to provide their email address. The court notices from the court about this case except for ervice as directed by statute or Nebraska
	lity or if your email or other contact uplete a Change of Contact Information Form.
By checking this box, I am lett to receive emails. The reason I can	ng the court know that I do not have the abilit not receive email is:

Sign and date the form . Enter your printed name, your address, telephone number, and your email address.