

Modification of Custody or Parenting Plan Information Worksheet

This worksheet is to assist you in gathering information needed to complete the complaint for modification of a parenting plan, and is not filed with the court. It is not required nor is it a substitute for the complaint for modification.

In order to type in your modification paperwork online, you will need the following information at the computer with you:

For the “Complaint for Modification of Custody or Parenting Plan”: (Most of this information may be found on the most recent order setting custody and parenting time.)

County where the most recent Order with the approved Parenting Plan 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 approving a Parenting Plan

Who was ordered to pay child support?

The month that the most recent order approving a Parenting Plan became effective

The names and years of birth for each child covered under the most recent Order

Child's Name

Year of Birth

The support amount per month for how many children

Support Amount

of Children

If the support was ordered to abate or go down during certain months – what percentage and during What months

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? _____

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 _____
If per hr., amount/# of hrs. _____
If per mo., amount/bonuses _____

Name of other party employer _____
Gross monthly income _____
If per hr., amount/# of hrs. _____
If per mo., amount/bonuses _____

If you made more money than currently making

Name of past employer _____
Gross monthly income _____
If per hr., amount/# of hrs. _____
If per mo., amount/bonuses _____

If other party made more money than currently making

Name of past employer _____
Gross monthly income _____
If per hr., amount/# of hrs. _____
If per mo., amount/bonuses _____

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 acc. _____

Amount other party contributes to retirement acc. _____

Number of other children you support, if any
Names and years of birth _____
Method of support _____
Name of the court, if ordered _____
Case number _____
Amount _____
Name of other parent, if not ordered _____
Parent's gross monthly income _____

Number of other children other party supports, if any
Names and years of birth _____
Method of support _____
Name of the court, if ordered _____
Case number _____
Amount _____
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: _____

Pracipe for Summons (additional information combined with above):

The County and State where the Other party will be served _____