

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
FAMILY COURT**

PRINT PETITIONER'S/PLAINTIFF'S NAME

PETITIONER/PLAINTIFF,

v.

PRINT RESPONDENT'S/DEFENDANT'S NAME

RESPONDENT/DEFENDANT.

PS _____

DR _____

IV-D _____

Judge _____

MOTION TO MODIFY CHILD SUPPORT ORDER
Does the Other Party Consent to this Motion? yes no

I, _____, am the PLAINTIFF/PETITIONER in this case.
PRINT YOUR NAME DEFENDANT/RESPONDENT

1. This Court has the authority to decide my request to modify support.
2. A support order was entered in this case on _____.
PRINT DATE OF ORDER

3. That support order requires [CHECK ALL THAT APPLY]

that _____ pay current child support in the amount of \$ _____.
PRINT NAME OF PERSON PAYING

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that _____ pay past due child support in the amount of \$ _____.
PRINT NAME OF PERSON PAYING

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that the other party provide medical support in this way:

that I provide medical support in this way:

other:

4. The support order was entered for the following child(ren) that I have with the other party (through birth or adoption):

Child's Name	Current Address	Date of Birth	Gender

5. Since the support order was entered, there has been a substantial and material change in the needs of the child(ren) and/or in the noncustodial parent's ability to pay because [CHECK ALL THAT APPLY]

I am currently supporting my other child(ren) (through birth or adoption):

living in my home

CHILD'S NAME

DATE OF BIRTH

_____.

through court-ordered child support payments:

CHILD'S NAME

DATE OF BIRTH

COURT NAME & CASE NUMBER

_____.

I am currently incarcerated and I state the following about my incarceration:

CASE NAME AND NUMBER

COURT NAME AND LOCATION

PLACE OF INCARCERATION

START DATE

ANTICIPATED END DATE

I am no longer employed. I have not been employed since _____.

PRINT DATE

I am earning less now than I was earning when the child support order was entered.

My current employer is _____.

I now earn \$ _____ per _____.

The other parent is earning more than s/he was earning when the support order was entered.

There has been a change in the availability and/or cost of medical insurance for the child(ren).

The child(ren)'s expenses have changed in this way: _____

The following child(ren) is (are) not living with the other party:

PRINT CHILD(REN)'S NAME(S)

The following child(ren) is (are) no longer living:

PRINT CHILD(REN)'S NAME(S)

The following child(ren) is (are) over 21 years of age:

PRINT CHILD(REN)'S NAME(S)

The following child(ren), although under 21 years of age, is (are) emancipated because of self-supporting employment, active military duty and/or marriage:

PRINT CHILD(REN)'S NAME(S)

Other:

6. I state the following about Temporary Assistance to Needy Families (TANF): [CHECK ONE]

I am currently receiving Temporary Assistance to Needy Families (TANF).

I am not currently receiving Temporary Assistance to Needy Families (TANF).

7. I state the following about Medicaid and DC Healthy Families: [CHECK ONE]

- I am currently receiving Medicaid and/or DC Healthy Families.
- I am not currently receiving Medicaid and/or DC Healthy Families.

Request for Relief

I RESPECTFULLY REQUEST that [CHECK ALL THAT APPLY]

- The Court hold a hearing on this Motion within 45 days of filing and issue a Notice of Hearing and Order Directing Appearance (“NHODA”) to the other party with the date and time of the hearing.
 - TERMINATE the child and/or medical support order.
 - SUSPEND the child and/or medical support order for a specific period of time.
 - DECREASE the child and/or medical support order according to the Child Support Guideline of the District of Columbia.
 - INCREASE the child and/or medical support order according to the Child Support Guideline of the District of Columbia.
 - Other _____
-

I ALSO REQUEST that the Court award any other relief it considers fair and proper.

I Do Do NOT request an oral hearing in front of the judge on this motion.

Respectfully Submitted,

SIGN YOUR NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

TELEPHONE NUMBER

SUBSTITUTE ADDRESS: CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE'S ADDRESS AND PHONE NUMBER BECAUSE YOU FEAR HARASSMENT OR HARM.

**POINTS AND AUTHORITIES IN SUPPORT OF
MOTION TO MODIFY CHILD SUPPORT ORDER**

In support of this Motion, I refer to:

1. Super. Ct. Dom. Rel. R. 7(b) (2003).
2. D.C. Code §§ 16-916.01(o), 16-916.01(s), and 46-204(a) (2003).
3. The record in this case.
4. The attached supporting document(s), if any.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

**RULE 4(a)(2) and DC CODE §46-206
CERTIFICATE OF SERVICE**

WHEN YOU FILE YOUR PETITION OR MOTION TO MODIFY, THE FAMILY COURT CENTRAL INTAKE CENTER WILL ISSUE A **NOTICE OF HEARING AND ORDER DIRECTING APPEARANCE (NHODA)** THAT YOU MUST SERVE ON THE OTHER PARTY WITH A COPY OF YOUR PETITION OR MOTION.

YOU MUST SERVE THE OTHER PARTY BEFORE THE HEARING DATE GIVEN ON YOUR NHODA.

HERE ARE THE WAYS YOU CAN SERVE THIS PETITION OR MOTION TO MODIFY AND THE NHODA:

- **by having someone else**, who is over 18 years old and not a party to the case (NOT you), **hand it to the other party**; or
- **by having someone else**, who is over 18 years old and not a party to the case (NOT you), **leave a copy at the other party's home** with a person of suitable age and discretion who lives there; or
- **by having someone else**, who is over 18 years old and not a party to the case (NOT you), **leave a copy at the other party's workplace** with a person of suitable age and discretion; or
- **by mailing it to the other party** by certified mail, return receipt requested and by first-class mail on the same day.

IF THE RETURN RECEIPT ("GREEN CARD") COMES BACK TO YOU, AND IT IS SIGNED BY THE OTHER PARTY OR BY A PERSON OF SUITABLE AGE AND DISCRETION WHO LIVES WITH THE OTHER PARTY, FILE IT WITH THE FAMILY COURT CENTRAL INTAKE CENTER. IF THE RETURN RECEIPT ("GREEN CARD") DOES NOT COME BACK TO YOU, BUT THE FIRST-CLASS MAIL ALSO DOES NOT COME BACK TO YOU, THE SERVICE IS STILL OKAY.

AFTER YOU SERVE THE OTHER PARTY, YOU MUST COMPLETE THE CERTIFICATE OF SERVICE PORTION FOUND AT THE BOTTOM OF THE NHODA AND FILE IT WITH THE FAMILY COURT CENTRAL INTAKE CENTER.