

NO. (A) _____

JEFFERSON CIRCUIT COURT

FAMILY DIVISION

(B) _____

PETITIONER

v.

**NOTICE-MOTION-ORDER
TO MODIFY CHILD SUPPORT**

(C) _____

RESPONDENT

NOTICE

This Motion will be called on _____, _____, 200____, at _____m. in the above courtroom. (The Clerk will complete this section.)

MOTION

I have attached to this Motion a copy of:

- (1) Proof of my year-to-date income from all sources and copies of my three most recent pay stubs.
- (2) My most recent federal and state income tax returns with all schedules.
- (3) Proof of the cost of health insurance for the child(ren) only.
- (4) Proof of the cost of work- or school-related child care.

1. There has/has not (circle one) been a domestic violence order between _____ and me. That order is/is not (circle one) currently in effect.
(the other party)

Domestic violence case number: _____

2. I ask the Court to modify child support for _____
(list the names and ages of the children)

_ [fill in child(ren)'s name(s) and age(s)], which sets child support in the amount of \$_____ every week/every other week/twice per month/every month. (Circle one.)

(PLEASE CHECK THE APPROPRIATE BOX:)

- I request the Court to **increase** the amount of child support ordered in this action.
- I request the Court to **decrease** the amount of child support ordered in this action.
- I request the Court to **terminate** child support ordered in this action.

3. The specific reason for this request is [Please check the appropriate box(es)]:

- The child(ren) is/are over 18 years of age and no longer in high school.
- The child(ren) is/are no longer living.
- The child(ren) is/are married.
- My income has been reduced.
- I am unemployed.
- I believe that _____'s income has increased.
(the other party)

4. I earn \$_____ gross every week/every other week/twice per month/every month (circle one).

5. I believe that _____ earns \$_____ every week/every other
(the other party)

week/twice per month/every month (circle one).

6. The cost of health insurance **for our child(ren) only** is \$_____ per month and is paid by _____.

7. The cost of work- or school-related child care per month is

\$ _____.

8. I do/do not (circle one) believe that the Kentucky Child Support Guidelines apply.

The reason the Kentucky Child Support Guidelines **do not** apply is:

_____.

(D) Person filing motion

(E) Address

(F) Telephone number

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the name, complete address and telephone number of the other person(s) involved in this action as listed below is:

(G) _____

Name of other party

Name of other party

Street number and name

Street number and name

City, State, ZIP

City, State, ZIP

NO. _____

JEFFERSON FAMILY COURT

DIVISION _____

PETITIONER

v.

ORDER

RESPONDENT

(The Court will complete this page.)

IT IS HEREBY ORDERED that a hearing on the Motion to Modify Child Support filed in this matter shall be held on _____, 20____, at _____m. The Court has allotted _____ minutes.

JUDGE, Jefferson Family Court

Date:

**INSTRUCTIONS FOR USE OF THE
NOTICE-MOTION-ORDER
TO MODIFY CHILD SUPPORT**

This form is to be used to establish or change child support. If you have any questions regarding your legal rights, have difficulty filling out this form, or have trouble following any of the specific instructions that accompany this form, **YOU MAY WANT TO CONSULT AN ATTORNEY.**

STEP ONE: If you do not have one already, you need to obtain a copy of the court action in which you want the Judge to modify the current child support order. You may obtain a copy from the Jefferson Family Court Clerk's Office located at the Jefferson County Judicial Center, 700 W. Jefferson Street, Louisville, Kentucky 40202, at a cost of \$0.25 per page.

STEP TWO: Fill in the information on the Notice-Motion-Order to Modify Child Support as follows:

- A. Fill in the civil action number listed on the initial action.
- B. Fill in the name of the person listed as Petitioner in the initial action.
- C. Fill in the name of the person listed as Respondent in the initial action.

STEP THREE: Circle whether there has or has not been a domestic violence order between you and the other party to this action. Then circle whether the order is in effect or not at this time. If there has been a domestic violence order, fill in the case number in the designated space.

STEP FOUR: Insert the name(s) of the child(ren) for whom you are asking support to be modified. Next, insert the amount of child support previously ordered, and circle how often the amount was to be paid. Check the correct box indicating whether you want to increase, decrease, or terminate the amount of child support previously ordered. **Do not check more than one box for Question 2.**

STEP FIVE: In the section that says, "The specific reason for this request is," check the box next to the reason you are asking the Judge to change the amount of support. You may check more than one box on this question. *Please be aware that before the Judge can change the amount of child support previously ordered, there must be a material change in the circumstances involving child support that is both substantial and continuing. State law recommends that the change be made only when it would result in a 15% difference in the amount of support ordered. The Judge will be using testimony and documentation presented at the hearing to determine if a change in child support is appropriate, and if so, the new amount of support.*

STEP SIX: Fill in the amount you earn, and circle how often you are paid that amount.

STEP SEVEN: Fill in the name of the person ordered to pay child support and the amount he/she earns. Then circle how often he/she is paid that amount.

STEP EIGHT: Fill in the amount of health insurance premiums paid per month on behalf of the child(ren) only (e.g., the family premium minus the premium for a single individual, or the family premium minus the premium for insured plus spouse, if the insured person is remarried). Do not include amounts paid for you, your spouse, or any children not involved in this action. Then fill in the name of the person (or the State program, such as Medicaid or K-ChIP, if applicable) that pays for the health insurance.

STEP NINE: Fill in the amount of work- or school-related child care paid per month.

STEP TEN: Circle whether you believe that the Kentucky Child Support Guidelines apply. If you believe that the Guidelines do not apply, you must write a brief explanation of the reason(s).

STEP ELEVEN: Fill in the information on the Notice-Motion-Order to Modify Child Support as follows:

- D. Sign your name.
- E. Print your full address, including street number, street name, city state and ZIP code.
- F. Print your telephone number.

STEP TWELVE: Go to the section entitled “Certification” on pages 2 and 3 and fill in the following information:

- G. Print the name of the other party in the action as listed in B. or C. on the first page. Then, on the lines provided, fill in that person’s complete address, including the street number, street address, city, state and ZIP code. Also, fill in the area code and telephone number.
- H. Sign your name and fill in the date.

IT IS MANDATORY THAT YOU PROVIDE THE FULL NAME AND CORRECT ADDRESS OF THE OTHER PERSON INVOLVED IN THIS ACTION. By signed the “Certification” section of this document, you are “promising” to the Court that the information you have provided regarding the name, address and telephone number of the other party is correct.

STEP THIRTEEN: Take the original to the Office of the Clerk of Jefferson County Family Court located at 700 W. Jefferson Street, Louisville, Kentucky. Present the original to the Clerk. The Clerk will assign a date when your Motion will be called by the Judge. The Clerk will fill in the information on the original Motion. You will be required to pay for copies for you and to be sent to the other party(ies). The Clerk will give you back one of the photocopies for your records and to remind you of the date.

STEP FOURTEEN: In order for the Judge to determine if a change in the amount of child support is appropriate, you must provide the following information: last year’s federal and state tax returns, proof of income from all sources (e.g., your last three pay stubs, proof of disability income such as SSI or Social Security Disability, proof of unemployment benefits, etc.), proof of day care expense and proof of insurance premiums paid on behalf of the child(ren) for whom child support is being addressed. If you are disabled but do not receive SSI or Social Security Disability, you must provide a doctor’s written verification of your disability. This information

must be in the form of photocopies of originals or original statements from the verifying source, not written information prepared by either party to this action. You should bring one copy for the Court and one copy for the other party. Keep the original attachments or copies for yourself. Failure to provide this information may result in the Judge making a decision based on information provided by the other person involved in this action, or in the dismissal of this Motion.

IT IS MANDATORY THAT YOU ATTEND THE HEARING AT THE DATE AND TIME GIVEN TO YOU BY THE CLERK. Failure to do so may result in the Judge dismissing your request to modify child support.

RE-OPENING FEE: If the case has been inactive for more than six months, there may be a \$50.00 fee to reopen the file before the motion can be filed.