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| <input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court<br>_____ County, Colorado<br>Court Address: _____<br>_____<br>In re:<br><input type="checkbox"/> The Marriage of:<br><input type="checkbox"/> Parental Responsibilities concerning:<br>_____<br>Petitioner: _____<br>and<br>Co-Petitioner/Respondent: _____ | <b>▲ COURT USE ONLY ▲</b>                                |
| Attorney or Party Without Attorney (Name and Address): _____<br><br>Phone Number: _____ E-mail: _____<br>FAX Number: _____ Atty. Reg.#: _____  | Case Number: _____<br><br>Division _____ Courtroom _____ |
| <b>VERIFIED MOTION TO MODIFY CHILD SUPPORT PURSUANT TO §14-10-122, C.R.S.</b>  |  |

**Note to Responding Party:** If you disagree with this Motion, the Colorado Civil Rules of Procedure allow you to file a written response with the Court which must be filed within 15 days of the date this Motion was served on you or mailed to you.

The  Petitioner  Co-Petitioner/Respondent states the following for the purpose of modifying child support.

**1. Information about Petitioner:** Date of Birth: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**2. Information about Co-Petitioner/Respondent:** Date of Birth: \_\_\_\_\_  
 Current mailing address: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**3.** The parties have \_\_\_\_\_ minor child(ren):

| Full Name of Child | Present Address | Sex | Date of Birth |
|--------------------|-----------------|-----|---------------|
|                    |                 |     |               |
|                    |                 |     |               |
|                    |                 |     |               |
|                    |                 |     |               |

**4.** Under the current Support Order, the Petitioner has \_\_\_\_\_ overnights per year with the children and the Co-Petitioner/Respondent has \_\_\_\_\_ overnights per year with the children.

5. Under the current child support order, the  Petitioner's  Co-Petitioner's/Respondent's child support obligation is \$ \_\_\_\_\_ and is paid  weekly  bi-weekly  twice a month  monthly  Other: \_\_\_\_\_.
6.  (Check only if applicable.) The current support order does not contain a provision regarding medical insurance (medial, dental, and/or vision) coverage.
7. A change in the current Support Order is appropriate because of the following change(s) in circumstance(s). Please check the appropriate box.
 

|   |  |
|---|--|
| <input type="checkbox"/> Day Care costs             | <input type="checkbox"/> Change in Income        |
| <input type="checkbox"/> Change in Parenting Time   | <input type="checkbox"/> Change in Residence     |
| <input type="checkbox"/> Medical insurance coverage | <input type="checkbox"/> Emancipation of a Child |

 Other: \_\_\_\_\_

Describe why you are requesting the modification.

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8. The new child support obligation that I am requesting  is  is not more than a 10% change from the current child support order. The proposed child support obligation should be \$ \_\_\_\_\_ to be paid  weekly  bi-weekly  twice a month  monthly  Other: \_\_\_\_\_.
9. I/We have completed a child support worksheet that shows what the new child support obligation should be. The child support worksheet  is  is not attached to this Motion.
10. I/We have attached current Sworn Financial Statements to this Motion.
11. Is either party currently receiving public assistance?  Yes  No If you checked **Yes**, answer the following:

| Name of Person Receiving Benefit | Name of County or State |
|----------------------------------|-------------------------|
|                                  |                         |
|                                  |                         |

12. Is either party receiving child support enforcement services.  Yes  No If **Yes**, identify \_\_\_\_\_ (County) \_\_\_\_\_ (State).
13. Does either parent live in another state?  Yes  No If **Yes**, identify \_\_\_\_\_ (name of person) and \_\_\_\_\_ (City and State) they are currently living in.
14.  (Check only if applicable.) I request a change in the current tax exemption because of the reallocation of the costs of raising the dependent children, pursuant to §14-10-115(12), C.R.S.

I respectfully request that this Court enter an Order modifying the  Petitioner's  Co-Petitioner's/Respondent's child support obligation as described above.

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## VERIFICATION AND ACKNOWLEDGMENT

I swear/affirm under oath that I have read the foregoing Motion and that the statements set forth therein are true and correct to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Petitioner or  Co-Petitioner/Respondent

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
(Area Code) Telephone Number (home)

\_\_\_\_\_  
(Area Code) Telephone Number (work)

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_, State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Deputy Clerk

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## CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date) the original and one copy of this document were filed with the Court; and, a true and accurate copy of the **Verified Motion to Modify Child Support** was served on the other party by:

Hand Delivery,  E-filed,  Faxed to this number: \_\_\_\_\_, or  by placing it in the United States mail, postage pre-paid, and addressed to the following:

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Your signature

If the Child Support Enforcement Unit is involved in the case, you must provide them a copy of this Motion.