

4A-303. Child support obligation.

STATE OF NEW MEXICO

COUNTY OF _____

_____ JUDICIAL DISTRICT

_____,
Petitioner,

v. _____ No. _____

_____,
Respondent.

CHILD SUPPORT OBLIGATION¹

We, _____ and _____, are the parents of the children listed below. We agree that we are submitting this document as our child support obligation.

I. IDENTIFICATION AND CONTACT INFORMATION

Parent's name	Physical address and phone number	Place of employment and phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's name	Year of birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

The parties will advise each other of any change to this contact information within ten (10) days of new information becoming available.

II. CHILD SUPPORT²

A. **Child Support Worksheet.**³ We attach a signed worksheet to this plan. (*Complete and sign a child support worksheet prior to completing this section.*)

Child support: _____ pays _____ \$ _____ per month. Payments shall begin on _____ (*date*) and shall be paid in the amount of \$ _____

_____ every week two weeks month. Payments shall continue each month until the youngest child turns eighteen (18); however, if the youngest child turns eighteen (18) while still attending high school, payments shall continue until the month the child graduates or turns nineteen (19), whichever occurs first.⁴

(Choose 1 or 2)

1. This amount is the amount shown on the worksheet;

(or)

2. We ask the judge to order a deviation from the amount shown on the child support worksheet because *(fill in the reason here)*⁵

_____.

B. Health insurance coverage⁶

(Choose 1, 2, or 3)

1. [Father] [Mother] agrees to keep the minor children covered by health and dental insurance under the policy of insurance available to [Father] [Mother] from [Father's] [Mother's] employer or other group health care insurance plan.

(or)

2. Neither parent has private health or dental insurance coverage available at a reasonable cost. If the children are covered under Medicaid, the child support obligor shall pay a cash medical support payment as determined at a subsequent hearing in which the State of New Mexico, Child Support Enforcement Division ("CSED"), has been given sufficient notice, or upon the stipulation of the parties and with the agreement of CSED. The notification to and agreement of CSED is required only for cash medical support.

(or)

3. Other health insurance coverage will be provided as follows:

_____.

C. Additional healthcare expenses to be determined by percentage. The parties shall split the cost of uncovered necessary healthcare expenses in proportion to their income on the child support worksheet.

D. Wage withholding of child support.

(Choose and complete 1 or 2)

1. **Withhold wages for child support.** Child support payment will be withheld from _____'s paycheck.⁷

(Choose a or b)

- a. We attach a completed Form 4A-304 NMRA Wage Withholding Order which directs all withheld payments to the Child Support Enforcement Division ("CSED").

(or)

- b. We will take a copy of this child support obligation after it is signed by the Court to CSED to open a case and to request that CSED issue a notice of wage withholding on our behalf.

(or)

2. **Other plan.** Wage withholding is not appropriate at this time as the parties have made the following alternate arrangements for the payment of support (*describe alternate payment arrangements, subject to approval by the Court*):

E. **Health and dental insurance.** Unless we agree otherwise, we will:

1. follow the insurance plan in selecting a doctor or dentist;
2. use doctors and dentists who are part of the insurance plan;
3. make sure each parent has a copy of the insurance card and policy; and
4. cooperate and work together to promptly submit all insurance forms.

F. **Exchange of information.** Once a year either one of us can ask, in writing, for both parties to exchange the following information (*this paragraph is required by statute, Section 40-4-11.4 NMSA 1978*):⁸

1. federal and state tax returns for the prior year;
2. W-2 statements for the prior year;
3. IRS form 1099s for the prior year;
4. work related day care statements for the prior year;
5. dependent medical insurance premiums for the prior year; and
6. wage and payroll statements for the four months prior to the request.

G. **Tax issues.**⁹ Here is our plan about tax issues, such as the dependency exemption, that relate to our children:

- Follow IRS regulations; or

Adopt another plan as follows:

_____.

H. **Other expenses.** Each of us will provide our children with items that they need while they are with us.

(If applicable) We agree to pay for special activities as follows:

_____.

VERIFICATION

When I sign here, I am telling the judge under oath and penalty of perjury that I have read this document, that I agree with everything in it, and that the statements in it are true and correct to the best of my knowledge and belief.

Father's signature

Mother's signature

Mailing address: _____

Mailing address: _____

Telephone: _____

Telephone: _____

STATE OF NEW MEXICO)
COUNTY OF _____) ss

Acknowledged, signed and sworn to before me this ____ day of _____, ____ by _____, the father.

Notary public

My commission expires: _____.

STATE OF NEW MEXICO)
COUNTY OF _____) ss

Acknowledged, signed and sworn to before me this ____ day of _____, ____ by _____, the mother.

Notary public

My commission expires: _____.

Approved by the District Court

Date

District Court Judge

USE NOTE

1. A child support obligation must be filed in every dissolution of marriage case if the parties have minor children or a child under nineteen years of age who is attending high school. For more information about filling out this form, see Form 4A-300 NMRA.

2. If child support is not paid in a timely manner, interest will be added to the amount owed at the rate provided by law. See Section 40-4-7.3 NMSA 1978 for accrual of interest on delinquent child support.

3. See Section 40-4-11.1 NMSA 1978 for the child support worksheet. An interactive version of this worksheet may be found at www.nmcourts.com, click on "Family Law Forms." See also Form 4A-300 NMRA for a further explanation of the child support worksheet. The child support worksheet is used to determine the monthly child support obligation.

4. If child support is being paid for more than one child, the end of a child support obligation for a child may be a change of circumstances that justifies a different child support amount. A new child support worksheet must be completed and adopted by the court. If your child has an intellectual or physical disability, you should consult with an attorney.

5. The judge may or may not accept a proposed change from the worksheet amount. Proposed changes may be appropriate if application of the child support guidelines would be unjust or inappropriate, or create a substantial hardship. If child support has been ordered in another proceeding, tell the court about it here and attach that child support worksheet.

6. See Section 40-4C-4 NMSA 1978 for medical support orders. In some circumstances the court may order both parties to provide employer-provided health insurance.

7. See Form 4A-304 NMRA for the Wage Withholding Order. Wage withholding is required unless the parties show good cause and make alternate payment arrangements. Wage withholding is mandatory if the children are receiving public assistance. Payments made by wage withholding go through the Title IV-D agency (CSED) and cannot be directly sent by the employer to a party. Either party may request the court to enter a Wage Withholding Order. See also Form 4A-300 NMRA for a further explanation of the Wage Withholding Order.

8. You need a court order to adjust child support payments.

9. Consult with a professional about tax issues that relate to any children.

[Approved by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013.]