☐ District Court ☐ Denver Juve					
Court Address:					
In re:  The Marriage of:		-			
Parental Responsibilities cond	cerning:				
Petitioner:					
and			▲ COURT USE ONLY ▲		
Co-Petitioner/Respondent:					
Attorney or Party Without Attorne	ey (Name and Address):	Case Nu	mber:		
Phone Number: E-n	nail:				
	/. Reg.#:	Division	Cou	urtroom	
	MODIFY CHILD SUPPORT PUR			)-122, C.R.S.	
Information about Petitioner:     Current Mailing Address:     City & Zip:     Home Phone #:      Information about Co-Petitio     Current mailing address:	Work Phone #: ner/Respondent: Date of	f Birth:	Cell #:		
• •					
Home Phone #:	Work Phone #:		_ Cell #:		
3. The parties have mine					
Full Name of Child	Present Address		Sex	Date of Birth	
	rder, the Petitioner has over s overnights per year with th		year with th	e children and the	
•	pport order, the Petitioner's Co is paid weekly bi-weekly twice		•		

6.	☐(Check only if applicable.) The current support order does not contain a provision regarding medical insurance (medial, dental, and/or vision) coverage.							
7.	Please check the appropriate box.	Day Care co	sts esidence	☐Change in Inc☐Emancipation	ome			
	Describe why you are requesting the modifi	ication.						
8.	The new child support obligation that I am requesting $\square$ is $\square$ is not more than a 10% change from the current child support order. The proposed child support obligation should be $\square$ to be paid $\square$ week $\square$ bi-weekly $\square$ twice a month $\square$ monthly $\square$ other:							
9.	I/We have completed a child support works The child support worksheet  is is not			ild support obliga	ation should be.			
10.	I/We have attached current Sworn Financia	al Statements to the	nis Motion.					
11.	Is either party currently receiving public ass	sistance? <b>QYes</b>	□No If you che	ecked <b>Yes</b> , answ	er the following:			
	Name of Person Receiving Benefit		Name of Count	y or State				
12.	Is either party receiving child supp	ort enforcemen y)	t services. (Sta	Yes □No If te).	Yes, identify			
13.	Does either parent live in another state? (name of person) and	Yes 🗆 No	If <b>Yes</b> , identify (City and S	State) they are cu	rrently living in.			
14.	(Check only if applicable.) I request a c the costs of raising the dependent children,				reallocation of			
	espectfully request that this Court enter an Cold support obligation as described above.	Order modifying t	ne Petitioner's	☐Co-Petitioner	s/Respondent's			

## **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. ☐ Petitioner or ☐ Co-Petitioner/Respondent Signature of Attorney, if applicable Date 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 **CERTIFICATE OF SERVICE** I certify that on (date) 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: Your signature ☐ If the Child Support Enforcement Unit is involved in the case; you must provide them a copy of this Motion.