

IN RE:  
The Marriage / Children Of:

Civil Action No. \_\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_  
Petitioner (First/Middle/Last) Respondent (First/Middle/Last)

**PETITION FOR EXPEDITED MODIFICATION OF CHILD SUPPORT**

**1. GENERAL INFORMATION**

a. The Petitioner is \_\_\_\_\_, who is  
 the parent/spouse whose name is listed in the case style at the top of the page; or  
 other person, whose relationship to the Respondent and children is \_\_\_\_\_.

b. The Petitioner requests that the Order entered on the date of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ be modified with regard to child support. The Petitioner wants child support  
 increased; or  
 decreased.

**2. CHANGES IN PETITIONER'S FINANCIAL CIRCUMSTANCES**

All changes must have occurred **after** the date of the the Order you want modified.

**Income**

- Petitioner's gross income has increased from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month.
- Petitioner's gross income has decreased from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month.
- Petitioner's gross income has not changed.

If your income has changed, you must explain below why it changed.

\_\_\_\_\_  
\_\_\_\_\_

If you have pay stubs or other documents that show the change in your income, you should attach copies to this Petition.

- I have not attached any documents.
- I have attached documents, which are

\_\_\_\_\_  
\_\_\_\_\_

**Child Care Costs**

- Petitioner pays child care costs to be able to work; and after the date of the Order Petitioner wants modified, those costs have
  - increased from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month;
  - decreased from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month; or
  - remained the same.

**Extraordinary Medical Expenses**

- Petitioner has incurred extraordinary medical expense after the date of the Order Petitioner wants modified. If you checked this item, you **MUST** list the amounts and dates for these expenses, and the reasons they were incurred.

---



---



---



---

**Other Changes in Financial Circumstances**

Explain in detail any other changes in your financial circumstances. Examples of such changes are: changes in the number of dependent children you support; cost of health insurance coverage; and/or cost of housing. All changes must have occurred after the date of the Order you want modified.

---



---



---



---

**3. CHANGES IN THE OTHER PARENT'S FINANCIAL CIRCUMSTANCES**

All changes must have occurred **after** the date of the Order you want modified.

**Income**

- The other parent's gross income has increased from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month.
- The other parent's gross income has decreased from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month.
- The other parent's gross income has not changed.

If the other parent's income has changed, explain why it has changed:

---



---

If you have pay stubs or other documents that show the change in the other parent's income, you should attach copies to this Petition.

- I have not attached any documents.
- I have attached documents, which are:

---



---

**Child Care Costs**

- The other parent pays child costs to be able to work; and after the date of the Order Petitioner wants modified, those costs have:
  - Increased from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month.
  - Decreased from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_ per month.
  - Remained the same.

**Extraordinary Medical Expenses**

- The other parent has incurred extraordinary medical expense after the date of the Order Petitioner wants modified. If you checked this item, you **MUST** list the amounts and dates for these expenses, and the reasons they were incurred.

---



---



---



---

**Other Changes in Financial Circumstances**

Explain in detail any other changes in the other parent's financial circumstances. Examples of such changes are: changes in the number of dependent children he/she supports; cost of health insurance coverage; cost of housing. All changes must have occurred after the date of the Order you want modified.

---



---



---



---

**4. CHILDREN**

List the names and birth dates for all of the children for whom support is paid under the Order you want modified.

NAME	DATE OF BIRTH
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

**You must sign the following Verification before a Notary Public or Deputy Circuit Clerk.**

---

---

**VERIFICATION**

---

---

I, \_\_\_\_\_, after making an oath or affirmation to tell the truth, say that the facts I have stated in this Petition are true to the best of my personal knowledge and belief; and if I have provided information given to me by others, I believe that information to be true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This Verification was sworn to or affirmed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public / Other Official

My commission expires: \_\_\_\_\_.