

IN RE: _____ Civil Action No.: _____

The Marriage/Children Of:

_____ 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 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;

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 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

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 support; 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
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

Date

Petitioner's Signature

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 Motion 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: _____