

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

Note to Responding Party: If you disagree with this Motion, the Colorado Rules of Civil Procedure allow you to file a written response with the Court which must be filed within 21 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. Day Care costs Change in Income
 Change in Parenting Time Change in Residence Emancipation of a Child
 Medical insurance coverage Other: _____

Describe why you are requesting the modification.

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.

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.

Signature of Attorney, if applicable 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

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:

To: _____

Your signature

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