

Circuit Court for _____ **Case No.** _____
City or County

Name VS. Name

Street Address Apt # Street Address Apt #

() ()

City State Zip Code Area Telephone City State Zip Code Area Telephone
Code Code

Plaintiff

Defendant

MOTION TO MODIFY CHILD SUPPORT
(CC-DR 6)

I, _____, representing myself, state that:
My name

1. I am the mother father or _____
Relationship (for example, aunt, grandfather, guardian, etc.)

_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth

2. On _____ the Circuit Court for _____ issued an
Date City or County
order in case number _____, ordering _____
Name
to pay \$ _____ weekly biweekly monthly toward the support of the child(ren).
Amount Check One

3. Since that Order, circumstances have changed (*check all that apply*):

- Expenses for the child(ren) have substantially increased (*Explain*): _____
- Expenses for the child(ren) have substantially decreased (*Explain*): _____
- Father's/ Mother's income has substantially increased (*Explain*): _____
- Father's/ Mother's income has substantially decreased (*Explain*): _____
- Child(ren) is no longer entitled to receive child support because: (Check all that apply)
 - the child died;
 - the child is married;
 - the child is emancipated;
 - the child has graduated from or is no longer in high school;
 - the child has reached the age of 19.

Other changes have occurred (Explain): _____

FOR THESE REASONS, I request the court (*check all that apply*):

- Order an increase in child support.
- Order a decrease in child support.
- Order child support to be paid (check one):
 - Through the local support enforcement agency.
 - Directly to the person who has custody.
- Order _____ to provide health insurance for the child(ren).
Name
- Order any other appropriate relief.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

Date

Signature

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this _____ day of _____, _____, a
copy of the foregoing Motion was mailed, postage prepaid, to _____
Opposing Party or His/Her Attorney

Opposing Party or His/Her Attorney's Address including City/State/Zip

Date

Signature

***IMPORTANT: YOU MUST COMPLETE A FINANCIAL STATEMENT WITH THIS FORM
(Use Form DR 30 or DR 31)***