

MODIFY CHILD SUPPORT
Checklist of Forms to be Completed

Forms to be completed by you:

- Domestic Case Designation Form
- Petition for Modification
- Financial Affidavit of Moving Party *
- Precipe for Service

* Must be signed in front of notary

**COURT OF COMMON PLEAS
HOCKING COUNTY, OHIO**

CASE NO. _____

Petitioner,

JUDGE _____

vs.

**DOMESTIC CASE
DESIGNATION FORM**

Respondent.

Has this case been previously filed and dismissed? Check one: Yes No

If yes, list Case Number: _____

Judge: _____

List all related pending case(s), including case number and judge:

DOMESTIC CATEGORIES

Place (X) in ONE category only:

- A. Termination of Marriage w/children (Divorce)
- B. Termination of Marriage w/o children (Divorce)
- C. Dissolution of Marriage w/ children
- D. Dissolution of Marriage w/o children
- E. Change of Custody
- F. Visitation Enforcement/Modification
- G. Support Enforcement/Modification
- H. Domestic Violence
- I. U.I.F.S.A.
- J. Parentage

K. Other (i.e., Foreign Support Enforcement, Warrants, Spousal Support Enforcement)

Signature

Address

Telephone

**COURT OF COMMON PLEAS
HOCKING COUNTY, OHIO**

CASE NO. _____

Petitioner,

JUDGE _____

vs.

**MOTION TO MODIFY
SUPPORT OBLIGATION**

Respondent.

I, _____, move this Court to modify child support obligation imposed on me and in support thereof state:

1. I am the obligor (person paying support)
 obligee (person receiving support)

2. The original action setting support was:

CSEA # _____

Case No. _____

Court _____

Date Entered _____

3. I am moving for modification at least thirty-six months after the establishment of the order or the most recent review.
- It has not been thirty-six months since the establishment of the original order or the most recent view, but I am entitled to this modification because my circumstances have changed in the following way(s):

- I have experienced the loss of employment, for a period longer than six months, which is beyond my control and can be reasonably expected to continue for an extended period of time.
- I suffer from a permanent disability which is medically verified by the receipt of social disability benefits and/or a physician's complete diagnosis and determination. I will bring verification to the hearing.
- I have experienced a thirty percent change in gross income for a period of at least six months, which is beyond my control and can be reasonably expected to continue for an extended period of time.

4. I am currently

employed.

Employer's Name _____

Address _____

Hourly Rate of Pay \$ _____

Hours per Week _____

Paid Weekly
 Bi-Weekly
 Monthly

My paycheck is \$ _____

unemployed

without any income.

receiving unemployment benefits
in the amount of \$ _____ per month.

receiving Social Security Disability benefits
in the amount of \$ _____ per month.

5. I cannot afford the full amount of my current child support obligation. The cost to me is unreasonable given my current financial situation.

WHEREFORE, I would ask that this matter be set for a hearing and that the Court determine that my current child support obligation be reduced and for such further relief as the Court finds equitable.

Respectfully submitted,

Signature

Address

Phone

**COURT OF COMMON PLEAS
HOCKING COUNTY, OHIO**

	CASE NO.
Plaintiff,	
vs.	JUDGE

FINANCIAL AFFIDAVIT

Defendant.

Mother's Information:

Name _____

Address _____

DOB _____

Father's Information:

Name _____

Address _____

DOB _____

I, _____, Petitioner, state under oath that the following information is complete and accurate to the best of my information, knowledge and belief:

1. I am employed at:

Employer's Name

Employer's Address

2. I earn \$ _____
 per hour
 per week
 per month
3. I work an average of _____ hours per week.
4. I receive unemployment compensation of \$ _____
 per hour
 per week
 per month
5. I receive workers' compensation or disability insurance benefits of \$ _____
 per hour
 per week
 per month
6. I received other income in the amount of \$ _____
 per month
 per year
- I receive this income from: _____
(List source including self-employment income if applicable)
7. My gross income for last year was \$ _____
8. My year-to-date gross income for this year is \$ _____ through _____
(date)
9. I do do not have health insurance available for the minor child(ren).
The insurance costs \$ _____
 per week
 per month.
- A) The cost to cover myself only is \$ _____
 per week
 per month.
- B) The extra cost to cover the child(ren) is \$ _____
 per week
 per month.

10. I pay work-related/education-related/employment-training related/day care expenses for the minor child(ren) of this marriage in the amount of \$ _____

per week

per month.

11. I am the biological parent of _____ other minor child(ren) who live in my home. I receive \$ _____ per month is court-ordered child support for these other minor biological chil(ren).

12. I pay _____ percent city income tax.

13. I pay union dues and uniforms in the amount of \$ _____ .

14. I pay \$ _____ per month in court-ordered spousal support to my ex-husband or ex-wife.

15. I pay \$ _____ per month in court-ordered child support for another child(ren).

Signature of Petitioner

Sworn to and subscribed in my presence this _____ day _____ of 20____.

Notary Public

**COURT OF COMMON PLEAS
HOCKING COUNTY, OHIO**

Petitioner,

CASE NO. _____

JUDGE _____

vs.

PRECIPE FOR SERVICE

Respondent.

Please have the sheriff of Hocking County serve upon the Respondent a certified copy of the following documents:

Please use certified mailed personal service.

1. A physical description of the Respondent is:

2. The Respondent does does not carry a weapon.

3. At present, the Respondent can be found:

At his/her residence:

Times normally available at this address:

At his/her place of employment:

Times normally available at this address:

Other:

Times normally available at this address:

Signature

Address

Phone Number