

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_  
Plaintiff,

)  
)  
)  
)  
)  
)  
)

Case No. \_\_\_\_\_

vs

**NOTICE OF MOTION FOR  
REVIEW AND AMENDMENT OF  
CHILD SUPPORT**

\_\_\_\_\_  
Defendant.

TO:

\_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

1. **PLEASE TAKE NOTICE** that on \_\_\_\_\_, 20\_\_\_\_, at an evidentiary hearing at \_\_\_\_\_ o'clock \_\_\_\_m. in Courtroom \_\_\_\_\_ in the County Courthouse in \_\_\_\_\_, North Dakota, I will ask the Court to amend the child support order.

2. **YOU HAVE THE RIGHT TO OBJECT OR RESPOND TO THIS MOTION.** If you wish to object or respond to the motion, you must serve upon the other party, and file with the clerk of court, a response to this motion. A form titled Reply to Motion for Review and Amendment of Child Support is available from the clerk of court or from the North Dakota Court System website at [ndcourts.gov/legal-self-help](http://ndcourts.gov/legal-self-help).

3. **YOUR WRITTEN RESPONSE MUST BE IN THE MAIL AND FILED WITH THE CLERK OF COURT** within 14 days of the date of service of this Motion. The Court may, in its discretion, disregard any response served or filed with the Court after that date.

4. **IF YOU ARE THE OBLIGOR**, you must complete and return the Financial Declaration accompanying this motion within 10 days after receiving it from the obligee.

Dated \_\_\_\_\_

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, Zip Code)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Email Address)*

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_

JUDICIAL DISTRICT

\_\_\_\_\_  
Plaintiff,

vs

\_\_\_\_\_  
Defendant.

)  
)  
)  
)  
)  
)  
)

Case No. \_\_\_\_\_

**MOTION FOR REVIEW AND  
AMENDMENT OF CHILD SUPPORT**

1. A motion to review and amend the child support order dated \_\_\_\_\_  
(date of existing order) is made by the obligor/obligee (circle the correct party) for the following  
reasons (check all that apply):

| <u>Person Paying (Obligor)</u> |  | <u>Person Receiving (Obligee)</u> |  |
|--------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/>       | Loss of income that is not temporary   | <input type="checkbox"/>          | Increase of obligor's income                               |
| <input type="checkbox"/>       | Loss of Health Insurance Benefits  | <input type="checkbox"/>          | Increased needs of child                                   |
| <input type="checkbox"/>       | Change in income based on hardship caused by circumstances beyond my control | <input type="checkbox"/>          | Health Insurance available to obligor for benefit of child |
| <input type="checkbox"/>       | Health insurance available to obligee at no or nominal cost                  | <input type="checkbox"/>          | Other:   |
| <input type="checkbox"/>       | Other:   |                                   |  |

2. This motion seeks an amendment of the child support order to the amount per month indicated below, or the amount as the Court finds under the North Dakota Child Support Guidelines. I affirm that (check the box that applies):

I am the obligor and am not self-employed, have attached a completed Financial Declaration and required tax returns to this motion, have completed the necessary calculations to determine the amount of child support, and the amount of child support is \$ \_\_\_\_\_.

I am a self-employed obligor and have attached a completed Financial Declaration with the required tax returns to this motion, have completed the necessary calculations to determine the amount of child support, and the amount of child support is \$ \_\_\_\_\_.

I am the obligee, have served the Financial Declaration on the obligor and requested its completion, and will submit a calculation of the amount of child support within 24 hours of the hearing if a completed Financial Declaration is received from the obligor.

3. A brief in support of this motion is attached.

**CERTIFICATION**

I, the Moving Party), in filing this motion, certify that the information provided in support of the motion is true and correct to the best of my knowledge, that there is good cause for making this motion for review and to amend child support, and that the motion is made in good faith and not as an attempt to harass the other party.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email Address)

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_

JUDICIAL DISTRICT

\_\_\_\_\_  
Plaintiff,

)  
)  
)  
)  
)  
)  
)

Case No. \_\_\_\_\_

vs

**BRIEF IN SUPPORT OF MOTION  
FOR REVIEW AND AMENDMENT  
OF CHILD SUPPORT**

\_\_\_\_\_  
Defendant.

**FACTS**

1. The obligor/obligee (*circle the correct party*) is asking for review and amendment of child support because (*check the same boxes as Paragraph 1 of the Motion (Form 1b)*):

| <u>Person Paying (Obligor)</u> |  | <u>Person Receiving (Obligee)</u> |  |
|--------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/>       | Loss of income that is not temporary   | <input type="checkbox"/>          | Increase of obligor's income                               |
| <input type="checkbox"/>       | Loss of Health Insurance Benefits  | <input type="checkbox"/>          | Increased needs of child                                   |
| <input type="checkbox"/>       | Change in income based on hardship caused by circumstances beyond my control | <input type="checkbox"/>          | Health Insurance available to obligor for benefit of child |
| <input type="checkbox"/>       | Health insurance available to obligee at no or nominal cost                  | <input type="checkbox"/>          | Other:   |
| <input type="checkbox"/>       | Other:   |                                   |  |

2. (*Check and complete the same box as Paragraph 2 of the Motion (Form 1b)*):

The obligor **is not** self-employed and has attached a completed Financial Declaration and required tax returns to this motion, has completed the necessary calculations to determine the amount of child support, and the amount of child support is \$ \_\_\_\_\_.

The obligor **is** self-employed and has attached a completed Financial Declaration with the required tax returns to this motion, has completed the necessary calculations to determine the amount of child support, and the amount of child support is \$ \_\_\_\_\_.

- The obligee served the Financial Declaration on the obligor and requested its completion, and will submit a calculation of the amount of child support within 24 hours of the hearing if a completed Financial Declaration is received from the obligor.

**LAW AND ARGUMENT**

3. A review of child support is allowed by North Dakota Century Code 14-09-08.4. The child support previously ordered may be reviewed whenever there is a change in circumstances, or after one year from the date of the last child support order, even without showing a change in circumstances.

**CONCLUSION**

4. I respectfully request that the Court amend the child support order to the amount per month indicated in Paragraph 2 of this Brief, or the amount as the Court finds under the North Dakota Child Support Guidelines.

Dated \_\_\_\_\_

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, Zip Code)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Email Address)*