

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

\_\_\_\_\_, ss.  
Docket No. \_\_\_\_\_

Location \_\_\_\_\_  
Docket No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

v.

MOTION TO MODIFY

Child Support Only

\_\_\_\_\_  
Defendant

1. Circumstances have changed substantially since the Court's Judgment or Order in this case, dated \_\_\_\_\_. The changes concern the following issues (*Check  $\surd$  the boxes that apply*) :

- Parental Rights and Responsibilities
- Primary Physical Residence of the minor child(ren)
- Rights of contact or visitation with the minor child(ren)
- Child Support
- Spousal Support (*Alimony*)
- Other: \_\_\_\_\_

2. *If this motion involves any children in this case, complete subparagraphs A thru E. If not, go on to paragraph 3.)*

A. Plaintiff and Defendant are the parents of the following child(ren):

<i>Name</i>	<i>Date of Birth</i>	<i>Present Address</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List below where and with whom the child(ren) have lived within the **past 5 years**.

<i>Name and present address of person child(ren) lived with</i>	<i>Dates child(ren) lived with that person</i>	<i>Town and State where child(ren) lived with that person</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Plaintiff has not been involved in any way in, and has no information about, another court case in any state concerning the custody of the child(ren), except as follows:

- Protection from Abuse
- Protective Custody
- Other (*describe what kind of other case*) \_\_\_\_\_

D. No one other than the parties has physical custody of the child(ren), or claims to have custody or visitation rights with respect to the child(ren), except as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. (Check  $\surd$  all of the boxes that apply)

- (1) No public assistance benefits have ever been received for the child(ren).
- (2) Public assistance benefits have been, are now, or will be received for the child(ren).
- (3) The Department of Human Services **has** been contacted to review, change or enforce a child support order regarding the child(ren).

*If you check box 2 or 3, you must send a copy of this motion to the Department of Human Services, Support Enforcement Division, Central Office Supervisor, 11 State House Station, Augusta, ME 04333-0011.*

3. The changes in circumstances are: *(Describe the substantial changes that have occurred since the Judgment or Order and why you want the court to change the judgment or order.)*

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*(If more room is needed, you may continue this statement on a separate sheet of paper which should be signed under oath and attached to this motion)*

4. I ask the Court to review the Judgment or Order and make the following changes:

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*(If you ask for a change in the primary residence of any child or a change in the amount of child support, you must attach a completed child support affidavit & child support worksheet and proposed child support order.)*

**WHEREFORE**, I ask the Court to modify those portions of the judgment or order as requested in paragraph 4, order the other party to pay my court costs in this case, including reasonable attorney's fees, and grant such other relief as the Court deems just and proper.

Date: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

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Signature of  **Plaintiff**  **Defendant**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**STATE OF MAINE**

\_\_\_\_\_ County

Personally appeared the above named  Plaintiff  Defendant \_\_\_\_\_ and made Oath that the foregoing statements, including those in any attached sheet(s), are true.

Before me,

Date: \_\_\_\_\_

\_\_\_\_\_  
*Attorney at Law / Notary Public / Deputy Clerk*

**IMPORTANT WARNING TO RESPONDING PARTY**

If this motion asks the court to modify (change) a child support order and you object to the motion, you must request a hearing within **30 days** from the date the motion was served on you. To do this, send a written request to the court clerk. You must also file with the court clerk a completed child support affidavit and child support worksheet. These forms are available at the clerk's office. You must send copies of your request for hearing, affidavit and worksheet to the other party's attorney or, if the other party does not have an attorney, directly to the other party.

If this motion does not involve child support, you must file a written objection to the motion within **21 days** from the date it was served upon you. You must also send a copy of your objection to the other party's attorney or, if the other party does not have an attorney, directly to the other party.

Mediation is required if you and the other party disagree on any of the issues raised in the motion.

Your failure to respond to the motion within the time limits will be considered a waiver by you of all objections to the motion and may result in the court entering a default judgment or order granting some or all of the relief requested in the motion.

**NOTICE TO BOTH PARTIES**

If this motion is filed in the District Court and involves minor children, you are required to attend a case management conference at the court. Within two weeks after the moving party files in court proof of service of the motion to modify and a child support affidavit, the court will notify you of the date and time of the conference. The notice will be sent by regular mail.

If you fail to appear at the conference without good cause, any pleadings you have filed may be dismissed, and an interim order, a default, or a default judgment may be entered in your absence.

**STATE OF MAINE**

County of \_\_\_\_\_, ss.

On \_\_\_\_\_ (date), I served the Motion to Modify upon Respondent by delivering a copy of same at the following address: \_\_\_\_\_

- to the above-named Respondent in hand.
- to \_\_\_\_\_ (name), a person of suitable age and discretion who was then residing at Respondent's usual residence.
- to \_\_\_\_\_ (name), who is authorized to receive service for Respondent.
- by (describe other manner of service): \_\_\_\_\_

**Costs of Service:**

Service: \$ \_\_\_\_\_  
 Travel \$ \_\_\_\_\_  
 Postage \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Total \$ \_\_\_\_\_**

\_\_\_\_\_  
Signature of person making service

\_\_\_\_\_  
Title