	STATE OF MAINE		
SUPERIOR COURT, ss, Docket No		DISTRICT COURT Location Docket No	
P	laintiff		
		MOTION TO MODIFY	
v.		□ Child Support Only	
2		(19-A M.R.S. § 1657 &	
D	efendant	19-A M.R.S. § 2009)	
. I am the Plaintiff Defendant in			
Plaintiff now resides in <i>(town)</i>	, (county)	, (state)	
Defendant now resides in (town)	(county)	(state) OR	
\Box Residence of the other party is unkr	, (country)	forts to locate the other party	
	with the minor child(ren) ge form FM-050, Child Support A:	ffidavit	
 Child Support, file and exchan Spousal Support (Alimony) Other: If this motion involves any issues relating on to paragraph 4.) A. Plaintiff and Defendant are the parer Name 	nge form FM-050, Child Support As ang to the children in this case, comp nts of the following child(ren): Date of Birth Pres	olete subparagraphs A thru E. If not, sent Address	
 Child Support, file and exchan Spousal Support (Alimony) Other: If this motion involves any issues relating on to paragraph 4.) A. Plaintiff and Defendant are the parent 	nge form FM-050, Child Support Asing to the children in this case, composite of the following child(ren): Date of Birth Presses Child(ren) have lived within the particular child(ren) lived	plete subparagraphs A thru E. If n sent Address	

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 \sqrt{all} of the boxes that apply)

- \Box (1) No public assistance benefits have ever been received for the child(ren).
- \Box (2) Public assistance benefits have been, are now, or will be received for the child(ren).
- (3) The Department of Health & 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 Health & Human Services, Support Enforcement Division, Central Office Supervisor, 11 State House Station, Augusta, ME 04333-0011.

4. A. The changes in circumstances are: (Describe the substantial changes that have occurred since the Judgment or Order and why you believe these changes should cause the court to change the judgment or order.)

(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)

OR

B. \Box I do not have to show a change in circumstance because:

☐ I am seeking to modify child support only, and a child support order was not issued or modified within the last three years. 19-A M.R.S. § 2009(3)

The order I seek to modify was entered in a paternity action in which I did not appear. 19-A M.R.S. § 1565(2).

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

(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 (FM-050) and you may be ordered to submit a child support worksheet (FM-040).)

WHEREFORE, I ask the Court to modify those portions of the judgment or order as requested in paragraph 5, \Box order the other party to pay my court costs, reasonable attorney's fees, and grant such other relief as the Court deems just and proper.

Date:

Address of Attorney:

Signature of **Plaintiff Defendant**

Address:

Phone:

STATE OF MAINE

_____County

Date:

Attorney at Law/Notary Public/Deputy Clerk

Plaintiff

v.

DISTRICT COURT Location _____ Docket No.

Defendant

IMPORTANT WARNING TO RESPONDING PARTY

STATE OF MAINE

If this motion asks the court to modify (change) a child support order and you object to the motion, you must file a written response with the Court within <u>30 days</u> from the date the motion was served on you. You must also file with the Court a completed child support affidavit. This form is available at the clerk's office. You must send copies of your response and affidavit to the other party or to their attorney, if any.

If this motion does not involve child support, you must file a written objection to the motion with the Court within 20 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.

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.

You have the right to appear and be heard at all courts events (trial, hearing, conference, mediation). If you fail to appear at any or all court events without good cause, action may be taken on your case even though you are not there. This means that the Court may, in your absence, enter an interim/temporary order, OR hold a final hearing and enter a final order or judgment regarding any or all of the issues in your case, including but not limited to paternity or parentage, parental rights and responsibilities for children (custody, residence, contact, visitation, etc), child support, spousal support/alimony, attorney fees, and distribution of marital and non-marital property (debt, real estate, vehicles, personal property, pension and retirement accounts, etc). The Court also has the option to dismiss any pleading that you have filed if you do not show up. It is your own responsibility to be sure that the Court has your correct address. Any change of address must be in writing and delivered to the Clerks office by hand or regular mail.

The D	trict Court is located at:			
	STATE OF MAINE			
County	of, ss.			
On same a	(date), I served the Motion to Modify upon Respondent by delivering a copy of the following address:			
	e above-named Respondent in hand.			
	to (name), a person of suitable age and discretion who was then			
_	residing at Respondent's usual residence.			
	(name), who is authorized to receive service for Respondent.			
	by (describe other manner of service):			
Costs	Service:			
	Service \$			
	Travel \$ Signature of person making service			
	Postage \$ Other \$			
0.0	Fotal \$ Title			
OR I, the []	Plaintiff Defendant, have completed service by: Certified Mail, Restricted Delivery, Return Receipt Acceptance of Service			
	Signed Acknowledgment (form CV-036)			