

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT COURT

DM _____

_____,
Petitioner

VS.

_____,
Respondent.

MOTION TO MODIFY OR ENFORCE CHILD SUPPORT ORDER

The ()Petitioner ()Respondent (check one) upon oath states:

1. The Petitioner resides at: _____.
2. The Respondent resides at: _____.
3. The parties are the parents of ____ minor child(ren):

NAME OF CHILD

DATE OF BIRTH

4. Were the parties married? ____ Yes ____ No
If yes, what was the date parties were divorced _____, the County the
divorce was filed in _____ and the Case Number
_____.
5. The last Child Support Order was filed on (date) _____
in case number _____ and ordered
()Petitioner/()Respondent (check one) to pay _____ per month.
6. I last received child support on (date) _____ in the amount of \$ _____
7. I ()am/()am not (check one) seeking modification of support. [If you are seeking
modification of support, list the changes in circumstances which have occurred since
the last Child Support Order].

8. The Petitioner works for (employer) _____ and receives income of \$ _____ per month. (If no income information is available, copies of recent pay stubs and tax returns must be provided).
The Respondent works for (employer) _____ and receives income of \$ _____ per month. (If no income information is available, copies of recent pay stubs and tax returns must be provided).
9. Medical health insurance is available through ()Petitioner's ()Respondent's (check one) employer for the child(ren) at a cost of \$ _____ per month.
10. Work-related child care expenses incurred by Petitioner are \$ _____ per month.
11. Work-related child care expenses incurred by Respondent are \$ _____ per month.
12. The ()Petitioner ()Respondent ()is/()is not current in the payment of Child Support. (Please check)
13. Child Support arrears total \$ _____ through _____
14. _____ I am currently receiving public assistance. (TANF, AFDC, Welfare).
My CSED Case No. is _____.
- _____ I have received public assistance but am not currently receiving any.
My CSED Case No. was _____.
- _____ I have never received any public assistance.
15. The following relief is requested (check all that apply):
 _____ Change Child Support _____ Income Withholding
 _____ Enforce Child Support _____ Payment of Arrears
 _____ Other (Specify) _____

Signature

Name (printed)

Address

Telephone number

I hereby certify that a completed
copy of the foregoing was mailed/served to
opposing counsel and parties pro se this
_____ day of _____ 20_____

(Signature of Party filing Motion)