

DIVORCE

✓ **Contested (Spouses do not agree)**

✓ **With Children**

PACKET B—Stage 2

INSTRUCTIONS AND *OPTIONAL* FORMS

These forms are used to request temporary assistance from the court.

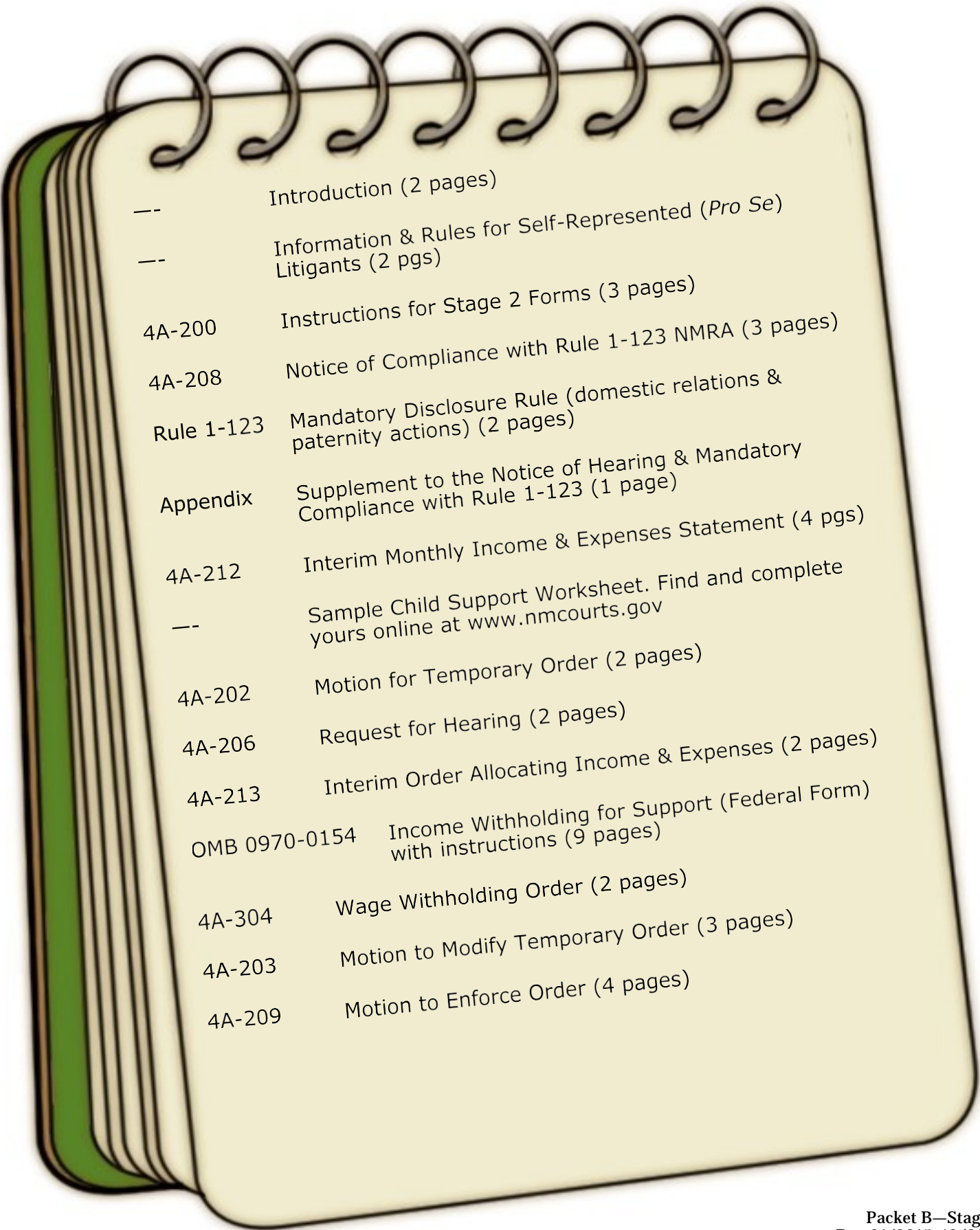
You can ask the court for temporary assistance at the beginning of your case when you file your stage 1 forms or at any time before your final hearing.

If you do not need temporary assistance from the court, you do not need to purchase this packet.

THIS PACKET IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE

Inside are fill-in-the-blank forms mandated by the New Mexico Supreme Court for Self-Represented Litigants. They do not deal with every situation. **Divorce** can be complicated and using legal forms without a lawyer's help can harm your legal rights. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents.

In this packet you will find . . .

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- Introduction (2 pages)
 - Information & Rules for Self-Represented (*Pro Se*) Litigants (2 pgs)
 - 4A-200 Instructions for Stage 2 Forms (3 pages)
 - 4A-208 Notice of Compliance with Rule 1-123 NMRA (3 pages)
 - Rule 1-123 Mandatory Disclosure Rule (domestic relations & paternity actions) (2 pages)
 - Appendix Supplement to the Notice of Hearing & Mandatory Compliance with Rule 1-123 (1 page)
 - 4A-212 Interim Monthly Income & Expenses Statement (4 pgs)
 - Sample Child Support Worksheet. Find and complete yours online at www.nmcourts.gov
 - 4A-202 Motion for Temporary Order (2 pages)
 - 4A-206 Request for Hearing (2 pages)
 - 4A-213 Interim Order Allocating Income & Expenses (2 pages)
 - OMB 0970-0154 Income Withholding for Support (Federal Form) with instructions (9 pages)
 - 4A-304 Wage Withholding Order (2 pages)
 - 4A-203 Motion to Modify Temporary Order (3 pages)
 - 4A-209 Motion to Enforce Order (4 pages)

PACKET B – STAGE 2

CONTESTED DIVORCE - WITH CHILDREN

Since you and your spouse DO NOT AGREE about the custody and support of your children and/or you DO NOT AGREE about the division of property or some other issue, the case is *contested* and the dissolution of marriage (“divorce”) takes place in 3 stages, as follows, each of which requires you to purchase and use a packet of forms:

Stage 1 forms: must be used to file a dissolution of marriage case.

 Stage 2 forms: OPTIONAL FORMS

After* the case is filed and while it is pending, these forms are used to request temporary assistance from the court IF you need temporary assistance. (If you do not need temporary assistance from the court, it will not be necessary for you to purchase this packet.) *Temporary assistance may also be requested at the time the case is filed/opened.

Stage 3 forms: must be used to complete a dissolution of marriage case by presenting proposed final orders for court approval.

Forms included in Packet B – **Stage 2:**

---	Information & Rules for Self-Represented (<i>Pro Se</i>) Litigants (2 pages)
4A-200	Instructions for Stage 2 Forms (3 pages) •4A-200(C) and (D): Mediation on child <u>custody, timesharing or visitation</u> may be ordered by the judge and is available through the Court’s mediation program. Mediation on child support or financial issues is not available through the Court’s mediation program. •4A-200 (E)(1): The Court will prepare the Notice of Hearing. Therefore, it is not necessary for you to bring a completed Notice of Hearing form and form 4A-207 is not included in this packet.
4A-208	Notice of Compliance with Rule 1-123 (3 pages)
Rule 1-123	Mandatory Disclosures Rule (2 pages)
Appendix	Supplement to the Notice of Hearing & Mandatory Compliance with Rule 1-123 (1 page)
4A-212	Interim Monthly Income and Expenses Statement (4 pages)

- Online Sample of a Child Support Worksheet. This worksheet is required anytime you ask the judge to set or change child support. Find an automatic calculator online at www.nmcourts.gov. Click on “self-help” then “self-help guide” then “child support worksheet”. The program walks you through each step. Print your completed worksheet.
- 4A-202 Motion for Temporary Order (2 pages)
- 4A-206 Request for Hearing (2 pages)
- 4A-213 Interim Order Allocating Income and Expenses (2 pages)
- Income Withholding For Support (Federal Form OMB 0970-0154) (3 pages)
- Instructions for Federal Form OMB 0970-0154 (6 pages)
- 4A-304 Wage Withholding Order (2 pages)
- 4A-203 Motion to Modify Temporary Order (3 pages)
- 4A-209 Motion to Enforce Order (4 pages)

Forms NOT included in Packet B – Stage 2 that you may require, such as the following, are available at the Courthouse or may be obtained on line at www.nmcompcomm.us. Under the “Public Access Law” tab, look for “Rules of Practice and Procedure.”

- 4A-211 Written Objections to Hearing Officer Recommendations
- Rule 1-103 Rule on requesting (and cancelling a request for) an interpreter for a court hearing
- 4-115 Request for court interpreter
- 4-116 Cancellation of court interpreter

INFORMATION AND RULES FOR SELF-REPRESENTED (*PRO SE*) PARTIES

- Although we want to be responsive to your needs, the court staff **cannot** give you **any** legal advice.
- You should attend the Court’s Self-Represented Litigants Legal Advice Clinic. At each clinic, volunteer attorneys are available to give legal advice and can help you complete your forms. Visit our website at eleventhdistrictcourt.nmcourts.gov for the date, time and location of the next clinic or ask court staff for a list of clinics.
- Your first choice should be to consult with an attorney. There is good reason for anyone seeking legal remedies to do so, but especially those who have been married a long time; have children; have significant property (land or retirement plans) and/or significant debts.
- If you are unable to afford an attorney, there are sources available where you may get help. Please ask the clerk for a *Pro Se* resource list. If there is domestic violence in your relationship, you may qualify for assistance at DNA Legal Services, New Mexico Legal Aid or Battered Families Services.
- The District Court Clerk’s Office is located at 207 West Hill Ave., Room 200, Gallup, New Mexico, 87301. The District Court Clerk’s Office and Courtrooms are located on the second floor. The telephone number for the District Court Clerk’s Office is 505-863-6816. The Office and the Court are open from 8:00 a.m. to Noon and 1:00 p.m. to 5:00 p.m. weekdays except holidays and other special times. If the weather is bad, the Court’s hours follow the Gallup-McKinley County Schools’ cancellation and delay of classes schedule.
- Remember that when you are appearing *pro se*, you are held to the same standards as attorneys and are expected to know the rules of evidence and courtroom procedure. The judges and hearing officer cannot help you present your case.
- **You must provide a complete mailing address** in your court case file and you must update it whenever there are changes. If you do not do so, your case may be decided without your input.
- Be on time for your Court hearings. If you do not appear on time, your case may be decided without you or a bench warrant may be issued for your arrest. Be sure to check any notices you receive from the Court carefully for the time and location of your hearing. Allow yourself adequate travel time to get to the Court on time.
- Hearings are often scheduled on a “trailing docket” which means that a number of cases are set for hearing at the same time. If this happens in your case, please be sure to arrange

to be in Court for several hours or the entire day while the judge or hearing officer deals with each case one at a time.

- Children are not allowed in the courtroom without the judge’s permission. There are no child care facilities at the Court. Please make other arrangements for your children for the time you will be at Court.
- You are expected to come to your Court hearings in person. Appearing by telephone is only acceptable if you ask the Court’s permission in writing ahead of time (there is a form for this) and only if the Court approves your request. (Appearing at a Court hearing by telephone is called a “telephonic appearance.”)
- **DO NOT CALL OR WRITE TO THE JUDGE OR HEARING OFFICER.** As a general rule, documents and testimony can be read or heard by the judge or hearing officer only in the presence of both parties.
- Be courteous. Other than to make appropriate objections, do not interrupt anyone who is speaking during the hearing. If you are representing yourself and you have an objection to something a witness says, merely stand and say “Objection,” and the Court will allow you to state the nature of your objection.
- Do not make faces or gestures at the opposing party, his or her attorney, witnesses or the judge while in the courtroom. Speak directly to the judge, not the opposing party or a witness. You will be given an opportunity to be heard if you will wait your turn.
- Treat all Court personnel with respect, including bailiffs, judicial assistants, clerks, judges and hearing officers.
- Show your respect for the Court by dressing appropriately and wearing clean, neat clothing. Wearing hats, sunglasses, shorts or pajamas in the courtroom is not allowed.
- Do not bring any food or beverage into the courtroom and do not chew gum or tobacco, or eat candy in the courtroom.
- Cell phones are usually allowed in the courtroom but only if they are turned off. If your phone rings while you are in the courtroom, the judge has the authority to fine you or to take your phone away from you.
- Bring at least four (4) copies of any documents that you intend to offer into evidence.

THANK YOU.

Louis E. DePauli, Jr., District Judge
Robert A. Aragon, District Judge
R. David Pederson, District Judge

4A-200. Domestic relations forms; INSTRUCTIONS FOR STAGE TWO (2) FORMS.

A. **Temporary orders.** After your petition for dissolution of marriage has been filed but before the court issues a final decree, you may request assistance on a temporary basis using Form 4A-202 NMRA. The court may provide such assistance by issuing one of the following temporary orders:

(1) **Temporary domestic order.** See Subparagraphs (D)(18) and (E)(4) of Form 4A-100 NMRA for an explanation of when to request a temporary domestic order from the court. For the temporary domestic order, see Form 4A-201 NMRA;

(2) **Temporary division of property.** You may request this relief when you need assistance from the court with access to property such as a home (e.g., a house, apartment) or a vehicle;

(3) **Temporary division of income and debts.** You may request this relief when you cannot agree about how bills will be paid, or you are having trouble paying the bills with only your income. This relief will include child support if you and your spouse have minor children together;

(4) **Temporary custody of minor children.** You may request this relief when you cannot agree on important decisions about the children including decision about medical treatment and where the children will go to school. For more information about child custody, see Section 40-4-9.1 NMSA 1978;

(5) **Temporary order establishing timesharing or visitation schedule.** You may request this relief when you cannot agree on a schedule of how much time each parent will spend with the child and when the child will be with each parent;

(6) **Temporary child support and request for wage withholding.** If you have not already requested a temporary division of property and debts as provided in Paragraph (A)(3) of this rule, you may request this relief when you cannot agree on the amount of money that one party should pay the other party to help support the children. If the court grants a temporary child support order, the child support payment may be taken from the paying party's paycheck pursuant to a wage withholding order. For more information about a wage withholding order, see Form 4A-300(D)(2)(b) NMRA. For the wage withholding order, see Form 4A-304 NMRA; and

(7) **Temporary allocation of community resources to permit both parties to hire an attorney.** You may request this relief when you need money to hire an attorney and there is money or credit available from either or both of the parties.

B. **Motion to modify temporary order.** You may file this motion (Form 4A-203 NMRA) if you have a temporary order and you want to change it. In your motion, you must state specific reasons why the temporary order should be changed.

C. **Motion for referral to mediation (child custody, timesharing, or visitation).** You may file this motion (Form 4A-204 NMRA) when you believe that there is a reasonable likelihood that you will be able to reach an agreement about child custody or visitation with the assistance of a mediator. Requesting a referral for mediation on child custody does not require the issue of child support to be resolved at the same time. To mediate child support, the parties must have exchanged all documentation required by Rule 1-123 NMRA, as provided by Paragraph D of this rule.

D. **Motion for referral to mediation (child support or other financial issues).** You may file this motion (Form 4A-205 NMRA) only if each of the following circumstances has been met:

(1) the parties have exchanged all documentation required by Rule 1-123 NMRA (see the appendix to this Rule for more information);

(2) you believe that there is a reasonable likelihood that you can reach a final agreement on some or all of the matters in your divorce other than child custody or visitation, such as child support, division of income and debt, or division of a retirement account. *See* Form 4A-202 NMRA (Motion for temporary order) for other matters that may be mediated; and

(3) the judicial district that you are filing in has a mediation program for this purpose, or the parties have funds available to pay for a private mediator.

E. Motion to enforce order. You may file a motion to enforce order (Form 4A-209 NMRA) when you want to ask the court for help because you believe the other party is not following a court order. You should be very specific when completing the motion; tell the court what the court order says and what the other person is doing or not doing that is violating the order. State only serious violations and be as complete as possible. Bring a copy of the order with you to the hearing. If you do not have a copy of the order, you may obtain one from the clerk's office. Standard copying fees may apply.

F. General instructions for filing motions.

(1) Either party may file a motion seeking help from the court. When you file a motion, it must be filed with the Court Clerk's Office. You must fill out and bring a Request for Hearing (Form 4A-206 NMRA) to the court to be filed at the same time as your motion. You may be required to bring an original, completed Notice of Hearing (Form 4A-207 NMRA) with self-addressed stamped envelopes for both parties. The court will send each party a Notice of Hearing that will include your assigned hearing date and time in the self-addressed stamped envelopes you provided. **WARNING:** Generally, this rule must be followed when filing a motion; however, many courts have special rules when the parties need a hearing. You should inquire at the Court Clerk's Office to determine if special rules apply when you request a hearing.

(2) If the motion relates to money (*see* Subparagraphs (1), (2), (3), (6) and (7) of Paragraph A, above), you must take the steps required by Rule 1-123 NMRA and file a Notice of Compliance with Rule 1-123 NMRA (Form 4A-208 NMRA), with the Court Clerk's Office. For further information on Rule 1-123 NMRA, please refer to the appendix to this rule.

(3) There may be other motions that you want to file. You should follow these general instructions with all motions. Any response to a motion should be served on the other party as set forth in Form 4A-100(J) NMRA.

(4) **WARNING:** All forms include a verification of service which tells the court that you gave a copy of your motion to the other party. Your motion cannot be heard by the court unless you have properly served a copy on the other party.

G. Hearings. You will receive a notice of hearing from the court mailed to you in the self-addressed stamped envelope that you or your spouse provided to the court when filing the motion. See the appendix to this rule for instructions about how to prepare for the hearing. If someone you need to be your witness does not want to go to the hearing, you will need to request a subpoena from the court before the hearing. If a subpoena is issued by the court, the person will be ordered to appear at the court at the date, time, and place of your hearing. You are responsible for getting the subpoena served on the witness and for filing the return of service with the Clerk of the Court. For further information about subpoenas, see Rule

1-045 NMRA.

H. **Hearing officers.** From time to time, the judge may appoint a hearing officer to preside over your hearing. The hearing officer is required to prepare a Hearing Officer Report within thirty (30) days after your hearing, which contains findings of fact and recommendations to the judge on how the court should rule. The court will mail each party a copy of the Hearing Officer Report and a Notice of Filing. If you do not agree with the hearing officer's recommendations, you must complete and file written objections within ten (10) days after service of the recommendations using Form 4A-211 NMRA. You must send a copy of the written objections to the other party. If no written objections are received by the district court, then the recommendations of the hearing officer may be adopted by the court without further notice to you. If the court receives written objections to the recommendations, the court will decide whether to set a hearing or to enter its own order. The court will notify you of the action it has taken. For further information about hearing officers in domestic relations actions, *see* Rule 1-053.2 NMRA.

[Approved by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013; as amended by Supreme Court Order No. 14-8300-011, effective for all pleadings and papers filed on or after December 31, 2014, in all cases filed or pending on or after December 31, 2014; as amended by Supreme Court Order No. 17-8300-017, effective for all pleadings and papers filed on or after December 31, 2017.]

4A-208. Notice of compliance with Rule 1-123 NMRA (domestic relations actions).
[For use with Rule 1-123 NMRA]

**STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v.

No. **D-1113-DM** _____

_____,
Respondent.

NOTICE OF COMPLIANCE WITH RULE 1-123 NMRA
(domestic relations actions)¹

In accordance with the mandatory disclosure requirement of Rule 1-123 NMRA, I certify that I served all required documents as indicated below to the opposing party on _____ (date-mm/dd/yyyy) as required in the rule.

- Property and Debt (*Check this box if there is property and debt to be divided, and check all boxes below for the documents that you completed and provided to the other party.*)
 - Interim monthly income and expenses statement (Form 4A-212)
List documents used to complete this statement:

 - Community property and liabilities schedule (Form 4A-214)
List documents used to complete this schedule:

 - Separate property and liabilities schedule (Form 4A-215)
List documents used to complete this schedule:

- Spousal support or child support (*Check this box if spousal support and/or child support is an issue in your case, and check all boxes below for the documents that you completed and provided to the other party.*)

Documents provided:

- federal and state tax returns, including all schedules, for the year preceding the request
- W-2 statements for the year preceding the request

- Internal Revenue Service Form 1099s for the year preceding the request
- Work related daycare statements for the year preceding the request
- Dependent medical insurance premiums for the year preceding the request
- Wage and payroll statements for four months preceding the request
- (*Spousal support only*) Interim monthly income and expenses statement (Form 4A-212)

Signature of party

Name (*print*)

Mailing address (*print*)

City, state, and zip code (*print*)

Telephone number

VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that on _____ (*date*), I (*check the applicable item below and fill in all information*)

- mailed a copy of this notice by United States mail, postage prepaid, to:

Name: _____

Mailing address: _____

City, state, & zip code: _____;

- delivered a copy of this notice to _____ (*the other party or the other party's attorney*); or

- faxed a copy of this notice to _____ (*the other party or the other party's attorney*) using the following fax number: _____. The transmission was reported as complete and without error. The time and date of the transmission was _____ (a.m) (p.m) on _____ (*date*).

Signature of party

Date of signature

USE NOTE

1. This form may be used anywhere in this state to give notice of a party's compliance with Rule 1-123 in a domestic relations action.

[Approved by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013; as amended by Supreme Court Order No. 14-8300-011, effective for all pleadings and papers filed on or after December 31, 2014, in all cases filed or pending on or after December 31, 2014.]

1-123. Mandatory disclosure in domestic relations and paternity actions; preliminary disclosure requirements.

A. **Duty to disclose.** Parties to domestic relations actions shall disclose to other parties relevant information concerning characterization, valuation, division, or distribution of assets or liabilities, whether separate or community property, in any proceeding involving the distribution of property or the establishment or modification of child or spousal support as provided in this rule.

B. **Preliminary disclosure.** Unless otherwise stipulated by the parties and ordered by the court or otherwise ordered by the court

(1) in every domestic relations action involving property and debt division or characterization, within forty-five (45) days after service of the petition, the parties shall serve a disclosure as provided in Domestic Relations Form 4A-212 NMRA. The disclosure shall contain

- (a) an interim monthly income and expense statement;
- (b) a community property and liabilities schedule; and
- (c) a separate property and liabilities schedule.

The statements and schedules shall substantially comply with Domestic Relations Forms 4A-212, 4A-214, and 4A-215 NMRA approved by the Supreme Court. The schedules shall be accompanied by a list of the documents utilized to complete the schedules.

(2) in actions concerning spousal support or child support, within forty-five (45) days of service of process on the opposing party, the petitioner or movant shall serve on the opposing party, and the opposing party shall serve on the petitioner or movant, an affidavit of disclosure containing the following information

- (a) federal and state tax returns, including all schedules, for the year preceding the request;
- (b) W-2 statements for the year preceding the request;
- (c) Internal Revenue Service Form 1099s for the year preceding the request;
- (d) work-related daycare statements for the year preceding the request, if applicable;
- (e) dependent medical insurance premiums for the year preceding the request, if applicable;
- (f) wage and payroll statements for four months preceding the request; and

(g) in actions concerning modification of spousal support, a statement of income and expenses pursuant to Domestic Relations Form 4A-212 NMRA.

C. **Supplemental disclosure.** Sworn disclosure schedules shall be served in accordance with Rule 1-026 NMRA upon all parties, with copies to the trial court, at least five (5) days before trial.

D. **Child support worksheets.** In actions involving child support, the parties shall each complete a child support worksheet as provided by Section 40-4-11.1 NMSA 1978. The worksheets shall be served upon all parties, with copies to the trial judge, at least five (5) days before trial.

E. **Duty of the State as a party.** Under this rule, the State of New Mexico is required to produce only documents intended to be introduced at an evidentiary hearing, at least five (5) days prior to the hearing, unless otherwise prohibited by law.

F. **Failure to comply.** Failure to comply with this rule may result in the assessment of costs and attorney fees against the delinquent party or such other sanctions as the court deems appropriate.

[Approved, effective November 1, 2000 until November 1, 2001; approved, effective November 1, 2001; as amended by Supreme Court Order No. 06-8300-020, effective December 18, 2006; as amended by Supreme Court Order No. 13-8300-047, effective for all cases filed or pending on or after December 31, 2013.]

Committee commentary. — In domestic relations actions, the parties are subject to the mandatory disclosure requirements set forth in this rule. The purpose of mandatory disclosure is to decrease acrimony and mistrust between the parties, lessen legal fees and costs, emphasize fiduciary duties, assist parties to make honest, full, and complete disclosure of the existence and value of assets, debts, and income, and encourage the parties to restructure their relationships inexpensively, efficiently, and respectfully. The parties should be mindful of these objectives in making their disclosures under these rules.

Although these disclosures are mandatory, this rule in no way limits permissible discovery pursuant to Rules 1-026 to 1-037 NMRA. The parties are free to avail themselves of all applicable discovery procedures unless the court orders otherwise.

As is typical with other discovery requests and responses, disclosures under this rule are not to be filed with the court. Rather, they are to be served upon the parties and the trial court as set forth in the rule. Certificates of service of the disclosure should be filed with the clerk pursuant to Rule 1-005 NMRA.

APPENDIX

SUPPLEMENT TO THE NOTICE OF HEARING AND MANDATORY COMPLIANCE WITH RULE 1-123

If your case involves a pending dissolution of marriage with a division of property, income, and/or debt
Complete Rule 1-123 discovery forms and file your certificate of compliance with this rule in the District Court. With the other party, exchange a list of your community property and debts (using Form 4A-214 NMRA) and a list of separate property and debts (using Form 4A-215 NMRA) and include all supporting documents. Bring copies of the lists and supporting documents to the court for your hearing. DO NOT FILE THE LISTS WITH THE COURT.
If either party is seeking <i>interim division of income and expenses</i> , then the parties should complete the interim monthly income and expenses statement (Form 4A-212 NMRA) and provide the form and all supporting documentation to the other party before the hearing. DO NOT FILE THE FORM WITH THE COURT. Bring copies of any supporting documents (e.g., pay stubs, tax returns, mortgage statements, credit card statements, utility bills, etc.) and forms to the hearing. Each party must file a notice of compliance with Rule 1-123 (Form 4A-208 NMRA) before a hearing on interim division of income and expenses.
The parties can obtain copies of the court-approved Marital Settlement Agreement (Form 4A-301 NMRA) from the court where your case is filed or from www.nmcourts.gov . The parties should exchange drafts of the Marital Settlement Agreement before the hearing. Bring a copy of your draft Marital Settlement Agreement and of the Final Decree of Dissolution of Marriage (Form 4A-305 NMRA) to your hearing.

If your case involves establishing, modifying, or enforcing child support	
Employed by a company or individual	Self employed
Exchange with the other party and bring to the court copies of current year-to-date earnings statement or pay stubs.	Exchange with the other party and bring to the court copies of Profit & Loss Statements with supporting documents.
Exchange tax returns, including your W-2 & 1099 Statements with all schedules for the prior two years.	Business tax returns with supporting documents and verification of income and expenses for the prior two years.
Exchange and bring to the court receipts for current daycare expenses.	
Exchange and bring to the court documentation of health insurance costs for the child(ren). Most Human Resources Offices can provide you with payroll deduction information for “employee”/“employee plus one” or “employee plus family” coverage.	
Bring proof of payment of child support (i.e. canceled checks, money orders or receipts) to the hearing.	
If you are seeking a wage withholding order (Form 4A-303 NMRA) or child support enforcement services, contact CSED at 1-800-288-7207 to apply for services and obtain a CSED case number. If CSED has an interest in the case, the parties are responsible for notifying CSED of the hearing.	

If your case involves child custody, timesharing, or visitation issues
Obtain a copy of the court-approved Custody Plan (Form 4A-302) at www.nmcourts.gov . Each party should develop a proposed temporary, age appropriate timesharing or visitation plan and exchange the proposal with the other party prior to the hearing.
Bring a copy of your proposed Custody Plan to the hearing.

If your case involves spousal support or alimony
Bring documentation of your income and the income of the other party (e.g., pay stubs, personal and business tax returns, along with supporting documentation such as bank records, business expenses, etc.). In addition you should bring documentation of monthly recurring expenses such as rent, mortgage, vehicle costs, insurance, utilities, credit card statements, payments, loans, health insurance, and/or medical care costs to the hearing.
If your case involves an issue not addressed above, bring copies of any proposed document to support your case to any hearing scheduled or hearing that you are requesting.

4A-212. Interim monthly income and expenses statement.

[For use with Rule 1-122 NMRA]

**STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v.

No. **D-1113-DM**

_____,
Respondent.

SERVE THIS FORM ON THE OTHER PARTY. DO NOT FILE WITH THE COURT.

INTERIM MONTHLY INCOME AND EXPENSES STATEMENT¹

	Petitioner Column 1	Respondent Column 2	Combined Column 3
1. Gross monthly income ²			
a. Gross monthly wages	\$ _____	\$ _____	\$ _____
b. Rental income	\$ _____	\$ _____	\$ _____
c. Self-employment income	\$ _____	\$ _____	\$ _____
d. Dividends and interest	\$ _____	\$ _____	\$ _____
e. Other income	\$ _____	\$ _____	\$ _____
2. Total gross monthly income	\$ _____	\$ _____	\$ _____
3. Payroll deductions ³			
a. Federal withholding	\$ _____	\$ _____	\$ _____
b. State withholding	\$ _____	\$ _____	\$ _____

c. Estimated tax payments	\$ _____	\$ _____	\$ _____
d. FICA	\$ _____	\$ _____	\$ _____
e. Medicare	\$ _____	\$ _____	\$ _____
f. Health insurance	\$ _____	\$ _____	\$ _____
g. Life and disability insurance	\$ _____	\$ _____	\$ _____
h. Union dues	\$ _____	\$ _____	\$ _____
i. Mandatory retirement	\$ _____	\$ _____	\$ _____
j. Other _____	\$ _____	\$ _____	\$ _____
4. Total payroll deductions (Add items in #3)	\$ _____	\$ _____	\$ _____
5. Net monthly income (Subtract Line 4 from Line 2)	\$ _____	\$ _____	\$ _____
6. Monthly fixed expenses ⁴ :			
a. Residence ⁵	\$ _____	\$ _____	\$ _____
b. Utilities ⁶	\$ _____	\$ _____	\$ _____
c. Car payments	\$ _____	\$ _____	\$ _____
d. Insurance premiums	\$ _____	\$ _____	\$ _____
(1) Car or other vehicle	\$ _____	\$ _____	\$ _____
(2) Life ⁷	\$ _____	\$ _____	\$ _____
(3) Health ⁷	\$ _____	\$ _____	\$ _____
(4) Homeowners ⁸ or renters	\$ _____	\$ _____	\$ _____
(5) Other	\$ _____	\$ _____	\$ _____
e. Day care ⁹	\$ _____	\$ _____	\$ _____
f. Credit card payments ¹⁰	\$ _____	\$ _____	\$ _____
g. Loan payments	\$ _____	\$ _____	\$ _____
h. Child support payments ¹¹	\$ _____	\$ _____	\$ _____
i. Medical	\$ _____	\$ _____	\$ _____
j. Other _____	\$ _____	\$ _____	\$ _____
7. Total monthly fixed expenses (Add items in #6 and #7) ¹²	\$ _____	\$ _____	\$ _____
8. Net spendable income (Line 5 minus Line 7)	\$ _____	\$ _____	\$ _____

9. 1/2 of combined net spendable income (1/2 of Line 8 Column 3)¹³ \$ _____ \$ _____
10. Amount transferred and received¹⁴ \$ _____ \$ _____

I, _____, affirm under penalty of perjury under the laws of the State of New Mexico that I am the [] Petitioner (or) [] Respondent in the above-entitled cause, and I know and understand that the contents of this Statement are true to the best of my knowledge and belief.

Signature

Date

USE NOTE

1. This form is to be used with an Interim Order Allocating Income and Expenses, Form 4A-213 NMRA. Unless, upon motion of a party, the court orders the division of separate income and expenses, only community income and expenses should be included on this form. In minimal or negative income cases, the court will have discretion to fashion an appropriate order.

2. "Gross monthly income" is income from all sources except child support received from a prior court order. For self-employed individuals, gross monthly income means gross receipts less reasonable and ordinary business expenses. For varying income and expenses use the average of the last three (3) months' income and expenses.

Gross monthly income is to be computed by using one of the following: hourly wage x average hours worked per week x 52 divided by 12; weekly wage x 52 divided by 12; every two weeks wage x 26 divided by 12; twice monthly x 2. For varying wages, use the average of the last three months' income.

3. "Deductions" are payroll deductions for taxes, social security, health insurance, union dues, retirement and other employer-related deductions. Payroll deductions are to be computed on a monthly basis as described in Use Note 2.

4. "Monthly fixed expenses" include periodic expenses even though paid quarterly, semiannually or yearly. Fixed expenses are to be computed on a monthly basis by using one of the following: annual income or expenses divided by 12. For varying expenses, use the average of the last three months' receipts or expenses.

5. Residence fixed expense is mortgage or rent actually paid. If a party receives free rent, e.g., by living with parents, that party's rent is imputed as zero. If residence expense is a mortgage payment for the residence of a party, unless already separately stated, include insurance and taxes.

6. Include monthly average payments for gas, electricity, water, sewer, refuse, and basic telephone bill, if not paid as part of rent. Use average for last 12 months if known.

7. Do not include medical, dental, liability, life, or other insurance that is deducted by payroll deduction.

8. Do not include homeowners insurance premiums if the premium is included as part of the residence expense, Line 6(a).

9. Day care fixed expense is work-related day care and does not include baby-sitting or occasional day care.

10. "Credit card payments" is listed as a fixed expense and includes only the minimum monthly payment as of the date of the filing of the petition.

11. Any regular monthly payment ordered by a prior order of child support or alimony, which is actually paid, is a fixed expense.

12. Line 8. "Net spendable income" and "combined net spendable income" are determined by subtracting Line 7, "total monthly fixed expenses," from Line 5, "net monthly income."

Negative combined net spendable income. If the "combined net spendable income" (Line 8, Column 3) is a negative number, and there are no children, adjust the allocations of income or expenses between the parties, or transfer an amount from one party to another so that the amount of net spendable income for the petitioner and respondent on Line 9 is equal. Do not complete Lines 10, 11, and 12. If Line 8, Column 3 has a negative or minimal "combined net spendable income," and there are children, the court will need to fashion an appropriate form to divide interim income and expenses of the parties.

13 Line 9. Equalizing spendable income. If "net spendable income" on Line 8, Column 3, is a positive number, divide "combined net spendable income" by two and enter the result in each column of Line 9.

14. Line 10. Amount transferred and received. The party with the larger net spendable income will transfer an equalizing amount to the party with the smaller net spendable income. To determine the amount of the transfer or receipt, subtract Line 9 (one-half of combined net spendable income) from Line 8, "net spendable income" and enter the amount on Line 10. This is the amount to be transferred by the party with the larger net spendable income to the party with the lower net spendable income.

For example, if the petitioner has a net spendable income of \$1,000.00 per month and the respondent has a net spendable income of \$500.00 per month, divide the total, \$1,500.00, by two. Since the petitioner has the larger net spendable income, enter the result, \$750.00, on Line 9, under Column 1. To determine the amount the petitioner transfers, subtract Line 9 of Column 1 from Line 8 of Column 1 ($\$1,000.00$ minus $\$750.00 = \250.00) and this amount ($\$250.00$) will be transferred each month by the petitioner to the respondent.

[Approved, effective November 1, 2000 until November 1, 2001; approved, effective November 1, 2001; 4A-122 recompiled and amended as 4A-212 by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013; as amended by Supreme Court Order No.14-8300-011, effective for all pleadings and papers filed on or after December 31, 2014, in all cases filed or pending on or after December 31, 2014.]



THIS IS A SAMPLE "CHILD SUPPORT WORKSHEET"

THIS WORKSHEET IS **REQUIRED** ANYTIME YOU ASK THE JUDGE TO SET OR CHANGE CHILD SUPPORT. EVEN IF YOU WANT TO DO SOMETHING DIFFERENT THAN THE AMOUNT ON YOUR WORKSHEET, YOU HAVE TO SHOW THE JUDGE YOUR WORKSHEET FIRST.

FIND AN AUTOMATIC CALCULATOR AT www.nmcourts.gov. CLICK ON "SELF-HELP" THEN "SELF-HELP GUIDE" THEN "CHILD SUPPORT WORKSHEET". THE PROGRAM WALKS YOU THROUGH EACH STEP. PRINT YOUR COMPLETED WORKSHEET.

WORKSHEET A - BASIC VISITATION

STATE OF NEW MEXICO
[ELEVENTH] JUDICIAL DISTRICT COURT
COUNTY OF [SAN JUAN]

[PARENT 1], Petitioner,

vs.

NO. DM-1116-_____

[PARENT 2], Respondent.

MONTHLY CHILD SUPPORT OBLIGATION

	Custodial Parent	Other Parent	Combined
1. Gross Monthly Income	\$ 1000.00 +	\$ 1000.00 =	\$ 2000.00
2. Percentage of Combined Income	50.00 % +	50.00 % =	100 %
3. Number of Children			1
4. Basic Support from Schedule			\$ 382.00
5. Children's Health and Dental Insurance Premium	\$ 0.00 +	\$ 0.00 =	\$ 0.00
6. Work-Related Child Care	\$ 0.00 +	\$ 0.00 =	\$ 0.00
7. Additional Expenses	\$ 0.00 +	\$ 0.00 =	\$ 0.00
8. Total Support	\$ 0.00	\$ 0.00	\$ 382.00
9. Each Parent's Obligation	\$ 191.00	\$ 191.00	
10. Amount for Each Parent from Line 8	- \$ 0.00	- \$ 0.00	
11. Each Parent's Net Obligation	\$ 191.00	\$ 191.00	

PARENT 2 PAYS PARENT 1 EACH MONTH \$ 191.00

Parent 1's Signature: _____

Parent 2's Signature: _____

Date: _____

4A-202. Motion for temporary order (domestic relations actions). [For use with Rules 1-121 and 1-122 NMRA]

**STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v.

No. D-1113-DM

_____,
Respondent.

MOTION FOR TEMPORARY ORDER
*(domestic relations actions)*¹

I, _____ (name of Petitioner or Respondent) request the court to enter the following temporary order(s): *(check all that apply)*

- (1) temporary domestic order;²
- (2) temporary division of property;
- (3) temporary division of income and debts;
- (4) temporary custody of minor children;
- (5) temporary order establishing timesharing or visitation;
- (6) temporary child support and request for wage withholding;
- (7) temporary allocation of community resources to permit both parties to hire an attorney;
- (8) _____ (other).

I have tried to talk to _____. *(name of the other party or the other party's attorney if represented)*

This is what happened: *(You MUST check one of these boxes.)*

- The other party AGREES with my motion.
- The other party DOES NOT AGREE with my motion.
- The other party WILL NOT TALK TO ME about my motion.
- I CANNOT TALK TO THE OTHER PARTY because there is a protective order between us and the other party does not have a lawyer.
- I HAVE NOT TALKED TO THE OTHER PARTY because:

_____.

Signature of party

Name (*print*)

Mailing address (*print*)

City, state and zip code (*print*)

Telephone number

VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that on _____ (*date*), I (*check the applicable item below and fill in all information*)

mailed a copy of this motion by United States mail, postage prepaid, to:

Name: _____

Mailing address: _____

City, state, and zip code: _____;

delivered a copy of this motion to _____ (*the other party or the other party's attorney*); or

faxed a copy of this motion to _____ (*the other party or the other party's attorney*) using the following fax number: _____. The transmission was reported as complete and without error. The time and date of the transmission was _____ (a.m) (p.m) on _____ (*date*).

Signature of party

Date of signature

USE NOTE

1. See Committee Commentary to Rule 1-120 NMRA for what constitutes a domestic relations action.
2. See Rule 1-121 NMRA and Form 4A-201 NMRA for the Supreme Court approved Temporary Domestic Order.

[Approved, effective November 1, 2000 until November 1, 2001; approved, effective November 1, 2001; 4A-111 recompiled and amended as 4A-202 by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013; as amended by Supreme Court Order No. 14-8300-011, effective for all pleadings and papers filed on or after December 31, 2014, in all cases filed or pending on or after December 31, 2014.]

4A-206. Request for hearing (domestic relations actions).

**STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v.

No. D-1113-DM

_____,
Respondent.

REQUEST FOR HEARING
(domestic relations actions)¹

Assigned judge: _____

Matters to be heard: _____

Hearings presently set: _____

Amount of time requested: _____

(Provide names, mailing addresses, and telephone numbers of parties who need to be notified--attach a list if necessary.)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Hearing requested by:

Signature of party

Name (*print*)

Mailing address (*print*)

City, state, and zip code (*print*)

Telephone number

VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that on _____ (date), I (check the applicable item below and fill in all information)

[] mailed a copy of this request by United States mail, postage prepaid, to:

Name: _____

Mailing address: _____

City, state, and zip code: _____;

[] delivered a copy of this request to _____ (the other party or the other party's attorney); or

[] faxed a copy of this request to _____ (the other party or the other party's attorney) using the following fax number: _____. The transmission was reported as complete and without error. The time and date of the transmission was _____ (a.m) (p.m) on _____ (date).

Signature of party

Date of signature

USE NOTE

1. This form may be used anywhere in this state to request a hearing in a domestic relations action.

[Approved by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013; as amended by Supreme Court Order No. 14-8300-011, effective for all pleadings and papers filed on or after December 31, 2014, in all cases filed or pending on or after December 31, 2014.]

4A-213. Interim order allocating income and expenses.

[For use with Rule 1-122 NMRA]

**STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v.

No. **D-1113-DM**

_____,
Respondent.

INTERIM ORDER ALLOCATING INCOME AND EXPENSES¹

This matter having come on for a hearing by the court and the court being sufficiently advised **FINDS, CONCLUDES, AND ORDERS:**

1. NOTICE AND APPEARANCES (*check only applicable paragraphs*)
 - Petitioner was present.
 - Petitioner was represented by counsel.
 - Respondent was present.
 - Respondent was represented by counsel.
 - Respondent was properly served with a copy of the notice of hearing on the motion for temporary order dividing income and expenses.

2. The parties have agreed to the income and expenses of the parties except:
_____.

3. The parties shall receive the income and pay the expenses as listed on the Interim Monthly Income and Expense Statement.

4. Each party shall presumptively be responsible for any debts the party incurs during the pendency of this case.

5. Any assets obtained by either party after the entry of this order from that party's share of net spendable income are presumptively the separate property of the obtaining party.

6. Each party shall use the party's share of the income to pay the party's respective expenses for food, clothing, telephone, utilities, gasoline, car maintenance, entertainment, meals out, haircuts, attorney fees, ordinary medical and dental expenses, and other personal expenses.
7. _____ (name of party) shall pay to _____ (name of party) _____ dollars (\$_____)² per month by check or money order, delivered or postmarked on or before the _____ of each month during the pendency of this case.
8. There are no minor children of this marriage.
9. Notwithstanding entry of this order, all claims and defenses are preserved.
10. This order shall remain in effect during the pendency of this case except as modified by court order.
11. Disobedience of this order can constitute contempt of court and subject the violator to fine, imprisonment, and other sanction, plus payment of attorney fees and costs to the other party.

District Judge

Recommended by:

Hearing officer

USE NOTE

1. This form is used with Form 4A-212 NMRA.
2. For the amount to be transferred or paid, see Line 12 of Form 4A-212NMRA.

[Approved, effective November 1, 2000 until November 1, 2001; approved, effective November 1, 2001; 4A-123 recompiled and amended as 4A-213 by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013; as amended by Supreme Court Order No. 14-8300-011, effective for all pleadings and papers filed on or after December 31, 2014, in all cases filed or pending on or after December 31, 2014.]

INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION of IWO

Date: _____

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions http://www.acf.hhs.gov/programs/cse/forms/OMB-0970-0154_instructions.pdf). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory _____ Remittance Identifier (include w/payment) _____
 City/County/Dist./Tribe _____ Order Identifier _____
 Private Individual/Entity _____ CSE Agency Case Identifier _____

_____ _____ Employer/Income Withholder's Address _____ _____ _____ Employer/Income Withholder's FEIN _____ Child(ren)'s Name(s) (Last, First, Middle) _____ _____ _____ _____ _____	RE: Employer/Income Withholder's Name Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Social Security Number _____ Custodial Party/Obligee's Name (Last, First, Middle) _____ <div style="border: 1px solid black; width: 100%; height: 100%; margin-top: 20px;"></div>
Child(ren)'s Birth Date(s) _____ _____ _____ _____ _____	

ORDER INFORMATION: This document is based on the support or withholding order from _____ (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____ Per _____ current child support
 \$ _____ Per _____ past-due child support - **Arrears greater than 12 weeks?** Yes No
 \$ _____ Per _____ current cash medical support
 \$ _____ Per _____ past-due cash medical support
 \$ _____ Per _____ current spousal support
 \$ _____ Per _____ past-due spousal support
 \$ _____ Per _____ other (must specify) _____
 for a **Total Amount to Withhold** of \$ _____ per _____.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)
 \$ _____ per biweekly pay period (every two weeks) \$ _____ per monthly pay period
 \$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____. Send payment within _____ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to _____ % of disposable income for all orders. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

Document Tracking Identifier _____

OMB 0970-0154

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm.

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: _____.

Remit payment to _____ (SDU/Tribal Order Payee)
at _____ (SDU/Tribal Payee Address)

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): _____ Print Name of Judge/Issuing Official: _____ Title of Judge/Issuing Official: _____ Date of Signature: _____
--

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

Priority: Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by State or Tribal law/procedure. _____

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. _____

Employer's Name: _____ Employer FEIN: _____
Employee/Obligor's Name: _____
CSE Agency Case Identifier: _____ Order Identifier: _____

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

Additional Information: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/ Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at: _____.

Send termination/income status notice and other correspondence to: _____ (Issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (Issuer name) by phone at _____, by fax at _____, by email or website at _____.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in Tribal, intrastate, and interstate cases as well as all child support orders which are initially issued in the State on or after January 1, 1994, and all child support orders which are initially issued (or modified) in the State before January 1, 1994 if arrearages occur. This form is the standard format prescribed by the Secretary in accordance with USC 42 §666(b)(6)(A)(ii). Except as noted, the following information must be included.

Please note:

- For the purpose of this IWO form and these instructions, "State" is defined as a State or Territory.

COMPLETED BY SENDER:

- 1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an original IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on an IWO. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a State or Tribal CSE agency, the sender should contact the CSE agency (see http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

This IWO must be regular on its face. Under the following circumstances, the IWO must be rejected and returned to sender:

- IWO instructs the employer/income withholder to send a payment to an entity other than a State Disbursement Unit (e.g., payable to the custodial party, court, or attorney). Each State is required to operate a State Disbursement Unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a Court, Attorney, or Private Individual/Entity and the initial child support order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO (effective May 31, 2012).
- A copy of the underlying order is required and not included.

If you receive this document from an Attorney or Private Individual/Entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

COMPLETED BY SENDER:

- 1g. **State/Tribe/Territory.** Name of State or Tribe sending this form. This must be a governmental entity of the State or a Tribal organization authorized by a Tribal government to operate a CSE program. If you are a Tribe submitting this form on behalf of another Tribe, complete line 1i.
- 1h. **Remittance Identifier (include w/payment).** Identifier that employers must include when sending payments for this IWO. The remittance identifier is entered as the case identifier on the Electronic Funds Transfer/Electronic Data Interchange (EFT/EDI) record.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder must use the Remittance Identifier when remitting payments so the SDU or Tribe can identify and apply the payment correctly. The remittance identifier is entered as the case identifier on the EFT/EDI record.

COMPLETED BY SENDER:

- 1i. **City/County/Dist./Tribe.** Name of the city, county or district sending this form. This must be a governmental entity of the State or the name of the Tribe authorized by a Tribal government to operate a CSE program for which this form is being sent. (A Tribe should leave this field blank unless submitting this form on behalf of another Tribe.)
- 1j. **Order Identifier.** Unique identifier that is associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.
- 1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D Tribal CSE organization sending this form.
- 1l. **CSE Agency Case Identifier.** Unique identifier assigned to a State or Tribal CSE case. In a State CSE case, this is the identifier that is reported to the Federal Case Registry (FCR). For Tribes this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

- 2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.
- 2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agencies – Addresses for Income Withholding Purposes at http://www.acf.hhs.gov/programs/cse/newhire/contacts/iw_fedcontacts.htm.
- 2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (FEIN) (if available).
- 3a. **Employee/Obligor's Name.** Employee/obligor's last name, first name, middle name.
- 3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or other taxpayer identification number.
- 3c. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name, first name, middle name.
- 3d. **Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 33 - Additional Information).

- 3e. **Child(ren)'s Birth Date(s).** Date of birth for each child named.
- 3f. **Blank box.** Space for court stamps, bar codes, or other information.

ORDER INFORMATION - Fields 5 through 12 identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

Payments are forwarded to the SDU within each State, unless the order was issued by a Tribal CSE agency. If the order was issued by a Tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

COMPLETED BY SENDER:

- 4. **State/Tribe.** Name of the State or Tribe that issued the order.
- 5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the employer/income withholder can determine the withholding limit.
- 7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 9a-b. **Current Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 10a-b. **Past-due Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order. **Must specify.** Description of the obligation.
- 12a-b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

AMOUNTS TO WITHHOLD - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.
- 13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.

- 13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.
- 13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.
14. **Lump Sum Payment.** Dollar amount to be withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

REMITTANCE INFORMATION

15. **State/Tribe.** Name of the State or Tribe sending this document.
16. **Days.** Number of days after the effective date noted in field 17 in which withholding must begin according to the State or Tribal laws/procedures for the employee/obligor's principal place of employment.
17. **Date.** Effective date of this IWO.
18. **Working Days.** Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the State or Tribal laws/procedures of the principal place of employment.
19. **% of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck.

NOTE TO EMPLOYER/INCOME WITHHOLDER:

For State orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee/obligor's principal place of employment.

For Tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employer/income withholders who receive a State order, the employer/income withholder may not withhold more than the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the Federal Consumer Credit Protection Act (15 U.S.C. §1673(b)).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 Code of Federal Regulations (CFR) 581.103.

COMPLETED BY SENDER:

20. **State/Tribe.** Name of the State or Tribe sending this document.
21. **Document Tracking Identifier.** Optional unique identifier for this form assigned by the sender.
22. **FIPS Code.** Federal Information Processing Standards (FIPS) code.
23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying Tribal support order) to which payments are required to be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying Tribal support order) to which payments are required to be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or Tribal Payee or this IWO is not regular on its face. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

COMPLETED BY SENDER:

26. **Signature of Judge/Issuing Official.** Signature (if required by State or Tribal law) of the official authorizing this IWO.
27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.
28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.
29. **Date of Signature.** Optional date the judge/issuing official signs this IWO.
30. **Copy of IWO checkbox.** If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

The following fields refer to Federal, State, or Tribal laws that apply to issuing an IWO to an employer/income withholder. State- or Tribal-specific information may be included only in the fields below.

COMPLETED BY SENDER:

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
33. **Additional Information.** Any additional information, e.g., fees the employer/income withholder may charge the obligor for income withholding or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

COMPLETED BY EMPLOYER/INCOME WITHHOLDER:

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

Please Note: Employer's Name, FEIN, Employee/Obligor's Name, CSE Agency Case Identifier, and Order Identifier must appear in the header on the page with the Notification of Employment Termination or Income Status.

34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.

- 35. **Termination Date.** If applicable, date employee/obligor was terminated.
- 36. **Last Known Phone Number.** Last known (home/cell/other) phone number of the employee/obligor.
- 37. **Last Known Address.** Last known home/mailling address of the employee/obligor.
- 38. **Final Payment Date.** Date employer sent final payment to SDU/Tribal payee.
- 39. **Final Payment Amount.** Amount of final payment sent to SDU/Tribal payee.
- 40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).
- 41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

COMPLETED BY SENDER:

CONTACT INFORMATION

- 42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.
- 43. **Issuer Phone Number.** Phone number of the contact person.
- 44. **Issuer Fax Number.** Fax number of the contact person.
- 45. **Issuer Email/Website.** Email or website of the contact person.
- 46. **Termination/Income Status and Correspondence Address.** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.
- 47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.
- 48. **Issuer Phone Number.** Phone number of the contact person.
- 49. **Issuer Fax Number.** Fax number of the contact person.
- 50. **Issuer Email/Website.** Email or website of the contact person.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

4A-304. Wage withholding order (*domestic relations actions*).

**STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT**

Petitioner

v.

No. **D-1113-DM**_____

Respondent.

**WAGE WITHHOLDING ORDER
(*domestic relations actions*)¹**

This matter, having come before the Court for entry of a wage withholding order and the parties having submitted a completed Income Withholding for Support Form,² the Court **ORDERS:**

1. The provisions of the Income Withholding for Support Form, attached as Exhibit A and signed by the Court, are incorporated by reference and adopted in full.
2. Wage withholding shall be implemented as stated in Exhibit A.
3. Exhibit A, which includes personal identifier information that is necessary to include in the record, shall be protected in accordance with Rule 1-079 NMRA if requested to be sealed by the parties.

Recommended by (if one is assigned):

HEARING OFFICER/SPECIAL COMMISSIONER

REVIEWED, APPROVED, AND ADOPTED AS AN ORDER OF THE COURT.

DISTRICT COURT JUDGE

APPROVED:

Mother's signature: _____

Mailing address: _____

Telephone: _____

Father's signature: _____

Mailing address: _____

Telephone: _____

USE NOTE

1. See Form 4A-300 NMRA for an explanation of the Wage Withholding Order.
2. A completed Income Withholding for Support Form (OMB 0970-0154) is required in all cases where a Wage Withholding Order is issued by the Court. A copy of the form is available at http://www.acf.hhs.gov/sites/default/files/ocse/omb_0970_0154.pdf. Instructions for filling out the form are available at http://www.acf.hhs.gov/sites/default/files/ocse/omb_0970_0154_instructions.pdf. The form and instructions also may be obtained from the New Mexico Human Services Department, Child Support Enforcement Division.

[Approved by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013.]

4A-203. Motion to modify temporary order (domestic relations actions).

[For use with Rules 1-121 and 1-122 NMRA]

**STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v.

No. **D-1113-DM**

_____,
Respondent.

MOTION TO MODIFY TEMPORARY ORDER
*(domestic relations actions)*¹

I, _____ (*name of Petitioner or Respondent*) request the court to do the following: (*check and complete all that apply*)

Modify paragraph ____ of the temporary domestic order as follows:

_____.

Terminate the temporary domestic order because:

_____.

Terminate or modify the temporary child support because:

_____.

Modify the temporary division of income and debts of the parties because²:

_____.

Dismiss the temporary restraining order because³:

_____.

Terminate or modify the temporary wage withholding order because:

_____.

Terminate or modify the temporary order establishing timesharing or visitation because:

_____.

I have tried to talk to _____ (*name of the other party or the other party's attorney if represented*). This is what happened: (*You MUST check one of these boxes.*)

- The other party AGREES with my motion.
- The other party DOES NOT AGREE with my motion.
- The other party WILL NOT TALK TO ME about my motion.
- I CANNOT TALK TO THE OTHER PARTY because there is a protective order between us and the other party does not have a lawyer.
- I HAVE NOT TALKED TO THE OTHER PARTY because:

_____.

Signature of party

Name (*print*)

Mailing address (*print*)

City, state, and zip code (*print*)

Telephone number

VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that on that on _____ (date), I (check the applicable item below and fill in all information)

[] mailed a copy of this motion by United States mail, postage prepaid, to:

Name: _____

Mailing address: _____

City, state, and zip code: _____;

[] delivered a copy of this motion to _____ (the other party or the other party's attorney); or

[] faxed a copy of this motion to _____ (the other party or the other party's attorney) using the following fax number: _____. The transmission was reported as complete and without error. The time and date of the transmission was (a.m) (p.m) on _____ (date).

Signature of party

Date of signature

USE NOTE

1. This form may be used anywhere in this state to request the court to modify a temporary order entered by the court in a domestic relations action.

2. If a court order of temporary division of income and debts is being challenged, you must complete an Interim Monthly Income and Expenses Statement (Form 4A-212 NMRA) and file it with the court at the time you file this motion.

3. If you believe that the other party may injure you or cause some other harm to you, your children, or other household member, you may file a petition for a temporary restraining order or you may file a "Petition for Order for Protection from Domestic Abuse." See Form 4-961 NMRA.

[Approved, effective November 1, 2000 until November 1, 2001; approved, effective November 1, 2001; 4A-113 recompiled and amended as 4A-203 by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013; as amended by Supreme Court Order No. 14-8300-011, effective for all pleadings and papers filed on or after December 31, 2014, in all cases filed or pending on or after December 31, 2014.]

4A-209. Motion to enforce order.

**STATE OF NEW MEXICO
COUNTY OF MCKINLEY
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v.

No. D-1113-DM

_____,
Respondent.

MOTION TO ENFORCE ORDER

Petitioner (or) Respondent states:

1. I am filing this motion regarding the following order(s) issued by the court: (check the order(s) that you are seeking to have enforced and complete the additional information required)

Name of Order	Section/Paragraph/Page # that you believe is not being followed	Date of Order
<input type="checkbox"/> Temporary Domestic Order	_____	_____
<input type="checkbox"/> Interim Order	_____	_____
<input type="checkbox"/> Custody Plan and Order	_____	_____
<input type="checkbox"/> Child Support Obligation and Order	_____	_____
<input type="checkbox"/> Final Decree (adopting) Marital Settlement Agreement)	_____	_____
<input type="checkbox"/> Default Final Decree	_____	_____
<input type="checkbox"/> Domestic Violence Order Of Protection	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

2 The other party is not following the referenced sections/paragraphs of the order(s) in the following ways(s): *(You should be very specific when completing the motion; tell the court what the court order says and what the other person is doing or not doing that is violating the order. State only serious violations and be as complete as possible.)*

A. _____
(Name of first order checked in Paragraph 1 above)

i. What the section/paragraph of the order says:

_____.

ii. What the other party is doing or not doing that is violating the order:

_____.

B. _____
(Name of next order checked in Paragraph 1 above)

i. What the section/paragraph of the order says:

_____.

ii. What the other party is doing or not doing that is violating the order:

_____.

(Use additional pages if necessary. Use the same format as above to tell the court what order you are talking about, what the order says, and what the other party is doing or not doing that is violating the order.)

3. I have tried to talk to _____ (*name of the other party or the other party's attorney if represented*). This is what happened: (*You MUST check one of these boxes.*)

The other party AGREES with my motion.

The other party DOES NOT AGREE with my motion.

The other party WILL NOT TALK TO ME about my motion.

I CANNOT TALK TO THE OTHER PARTY because there is a protective order between us and the other party does not have a lawyer.

I HAVE NOT TALKED TO THE OTHER PARTY because:

_____.

4. Petitioner (*or*) Respondent asks the Court to:

A. _____

_____.

B. Order the other relief deemed necessary.

5. YES, I understand that I must bring a copy of the order(s) listed in Paragraph 2 to the hearing.¹

Signature of Petitioner/Respondent pro se

Name (*print*)

Mailing address (*print*)

City, state, and zip code (*print*)

Telephone number

YOU MUST FILL OUT THE INFORMATION BELOW AND YOU MUST SERVE THE OTHER PARTY AS YOU TELL THE COURT BELOW

VERIFICATION

I, _____, affirm under penalty of perjury under the laws of the State of New Mexico that I am the [] Petitioner (or) [] Respondent in the above-entitled cause, and I know and understand that the contents of this Motion are true to the best of my knowledge and belief.

Signature of party

Date

VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that on _____ (date), I (check the applicable item below and fill in all information)

[] mailed a copy of this notice by United States mail, postage prepaid, to:

Name: _____

Mailing address: _____

City, state, & zip code: _____;

[] delivered a copy of this notice to _____ (the other party or the other party's attorney); or

[] faxed a copy of this notice to _____ (the other party or the other party's attorney) using the following fax number: _____. The transmission was reported as complete and without error. The time and date of the transmission was _____ (a.m) (p.m) on _____ (date).

Signature of party

Date of signature

USE NOTE

1. If you do not have a copy of the order(s) listed in Paragraph 2, you may request one from the clerk's office. Standard copying fees may apply.

[Approved by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013; as amended by Supreme Court Order No. 14-8300-011, effective for all pleadings and papers filed on or after December 31, 2014, in all cases filed or pending on or after December 31, 2014; as amended by Supreme Court Order 17-8300-017, effective for all pleadings and papers filed on or after December 31, 2017.]