

PATERNITY

 **Uncontested (Parents Agree)**

PACKET G

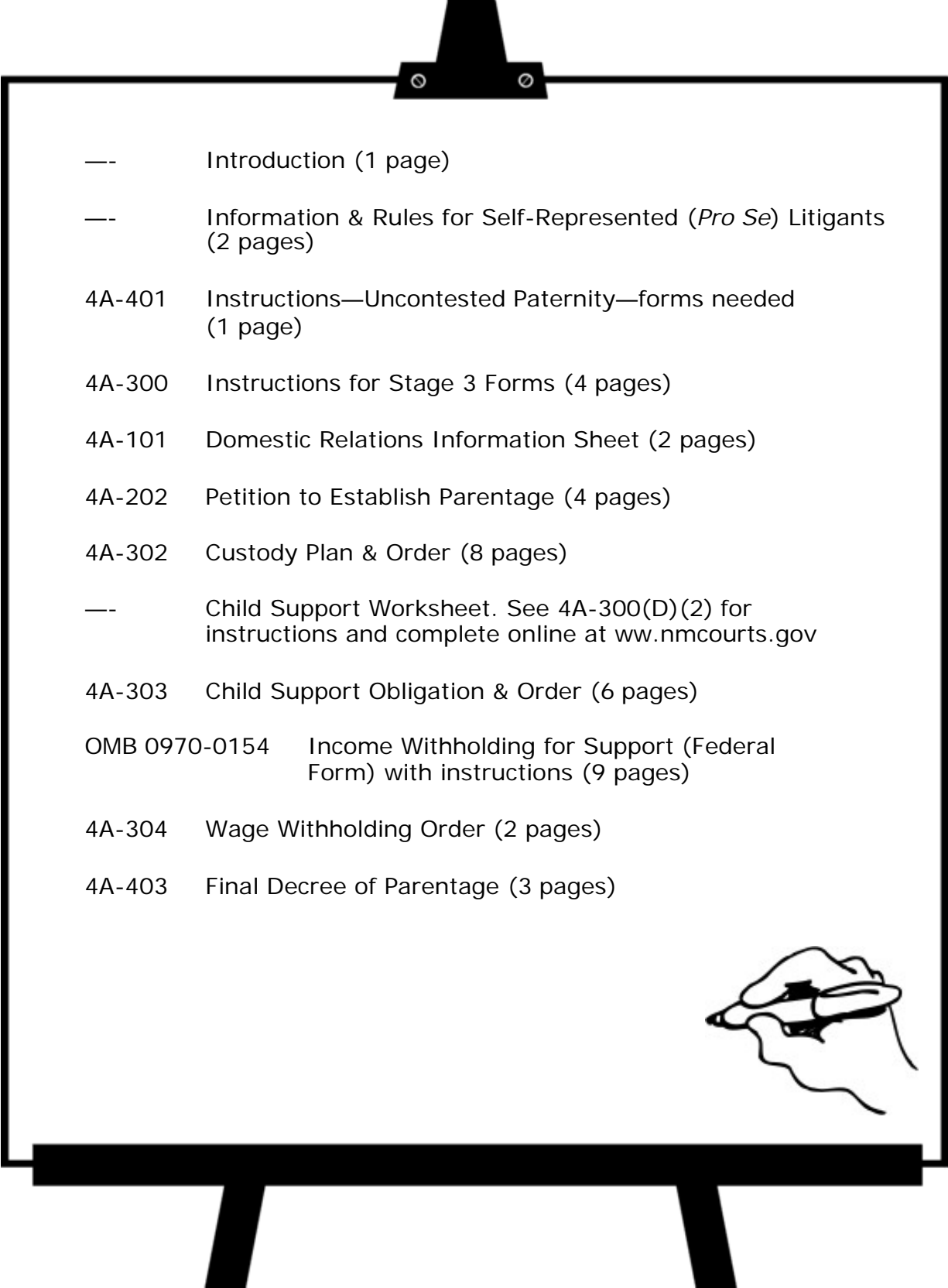
INSTRUCTIONS AND ALL FORMS

Since BOTH parents have agreed about everything, including the custody and support of the children, this paternity action is *uncontested*.

THIS PACKET IS NOT A SUBSTITUTE FOR PROFESSIONAL LEGAL ADVICE

Inside are fill-in-the-blank forms created by the New Mexico State Supreme Court for Self-Represented Litigants. They do not deal with every situation. **Paternity** 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 (1 page)
 - Information & Rules for Self-Represented (*Pro Se*) Litigants (2 pages)
 - 4A-401 Instructions—Uncontested Paternity—forms needed (1 page)
 - 4A-300 Instructions for Stage 3 Forms (4 pages)
 - 4A-101 Domestic Relations Information Sheet (2 pages)
 - 4A-202 Petition to Establish Parentage (4 pages)
 - 4A-302 Custody Plan & Order (8 pages)
 - Child Support Worksheet. See 4A-300(D)(2) for instructions and complete online at ww.nmcourts.gov
 - 4A-303 Child Support Obligation & Order (6 pages)
 - OMB 0970-0154 Income Withholding for Support (Federal Form) with instructions (9 pages)
 - 4A-304 Wage Withholding Order (2 pages)
 - 4A-403 Final Decree of Parentage (3 pages)



PACKET G

UNCONTESTED PATERNITY

Since BOTH parents have agreed about everything, including the custody and support of the children, this paternity action is *uncontested*.

Forms included in Packet G:

- Information & Rules for Self-Represented (*Pro Se*) Litigants (2 pages)
- 4A-401 Instructions – Uncontested Paternity – forms needed (1 page)
- 4A-300 Instructions for Stage 3 forms (4 pages)
 - Explains the Custody Plan and Order, Child Support Obligation and Order, child support worksheet, and Wage Withholding Order.
- 4A-101 Domestic Relations Information Sheet to be filled out by both Petitioner and Respondent (3pages)
- 4A-402 Petition to Establish Parentage (4 pages)
- 4A-302 Custody Plan and Order (8 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. See 4A-300 (D)(2) for more instructions.
- 4A-303 Child Support Obligation and Order (6 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-403 Final Decree of Parentage (3 pages)

Forms NOT included in Packet G 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.”

- 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*) LITIGANTS

- 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. The clinics are free and are held once a month. 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 several 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.
- 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 timely for 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.
- There are two District Court locations: 851 Andrea Drive, Farmington and 103 South Oliver, Aztec. Be sure to check the notice carefully for the time and location of the hearing. Allow yourself adequate travel time to appear for your hearing on time.
- Hearings are often scheduled on a “trailing docket” which means that many cases are scheduled for a 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 childcare facilities at the Court. Please make other arrangement 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.”)
- 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 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 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 eat candy in the courtroom.
- Cell phones are 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.
- Bring at least four (4) copies of any documents that you want to offer into evidence.

THANK YOU.

Karen L. Townsend, Chief District Judge
Daylene A. Marsh, District Judge
Bradford J. Dalley, District Judge
Sarah V. Weaver, District Judge
Curtis R. Gurley, District Judge
Kyle M. Finch, Hearing Officer and Commissioner

4A-401. Uncontested petition for paternity; forms needed; filing fee.

A. **Forms to be filed.** In an uncontested paternity proceeding, the parties need to file the following completed forms with the court:

- (1) a Domestic Relations Cover Sheet, Form 4A-101 NMRA is required;
- (2) a Petition to Establish Parentage, Form 4A-402 NMRA is provided; and
- (3) a Final Decree of Parentage. Form 4A-403 NMRA is provided.

B. **Custody Plan and Order and Child Support Obligation and Order.** If child support is to be ordered, a Custody Plan and Order (Form 4A-302 NMRA), Child Support Obligation and Order (Form 4A-303 NMRA), and child support worksheet are required. A Wage Withholding Order (Form 4A-304 NMRA) may also be required if requested by a party. See Form 4A-300 NMRA for an explanation of the Custody Plan and Order, Child Support Obligation and Order, child support worksheet, and Wage Withholding Order.

C. **Type or print.** The parties must type or print all of the information required to be completed on the forms. Many forms may be downloaded and completed or completed on-line. If a pre-printed form is being used by the parties and there is not enough room on the form to provide all of the information required, use a separate page for the information and staple the page to the pre-printed form before making copies and filing the form with the court.

D. **Sign the pleadings.** A party's signature on a pleading or paper filed with the court constitutes a certificate that the party has read the paper and that to the best of the party's knowledge, information and belief there is good grounds to support it.

E. Intentionally omitted.

F. **File the forms with the court.** After the parties have completed and signed the forms, the parties must file them with the court clerk.

G. **Required number of copies.** An original and two (2) copies of each form must be filed.

H. **Pay the filing fee.** A filing fee must be paid to the clerk in cash or money order at the time the petition and information sheet are filed unless free process is approved.

[Approved, effective November 15, 2002; 4A-206 recompiled as 4A-401 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. 13-8300-014, effective immediately in all cases pending or filed on or after June 24, 2013.]

4A-300. Domestic relations forms; INSTRUCTIONS FOR STAGE THREE (3) FORMS.

A. **Stage three (3) forms; scope.** The stage three (3) forms are the last forms that you must complete to dissolve your marriage (i.e., get a “divorce”). Once approved by the Court, the agreements and promises that you have made in these forms will settle financial matters between you and the other party, and will control your rights as a parent. When both parties sign the Marital Settlement Agreement (Form 4A-301 NMRA), the Custody Plan and Order (Form 4A-302 NMRA), and the Child Support Obligation and Order (Form 4A-303 NMRA), they may be enforced by either party as contracts. When the Court signs a Final Decree of Dissolution of Marriage (Form 4A-305 or 4A-306 NMRA), you will be divorced, and the Marital Settlement Agreement, the Custody Plan and Order, and the Child Support Obligation and Order will become legally binding on both of you. Any important changes to these agreements should be in writing and signed by both parties. These changes should be filed with the Court. You should be careful when filling out these forms, and be as complete as possible. It is highly recommended that you consult with an attorney.

B. **Marital Settlement Agreement.** A Marital Settlement Agreement (“MSA”) must be completed, signed by both parties, and filed with the Court in every dissolution of marriage case. (Use Form 4A-301 NMRA.) Although the MSA is called an “Agreement,” if the parties do not agree on its terms, the Court may use the terms of either party’s proposed MSA in its final order after a hearing. The MSA describes how you and the other party will divide your property and debts, and how you will settle any other financial matters, including whether one party will pay spousal support or make a cash payment to the other. When the parties sign the MSA or the Court signs and files a Final Decree of Dissolution of Marriage, the MSA is legally binding on both parties. *See* Paragraph A, above.

If you and the other party cannot agree on some or all of the terms of the MSA, you may request the assistance of a mediator, if available, by completing and filing a Motion for Referral to Mediation (child support or other financial issues) (Form 4A-205 NMRA) with the Court. If you do not believe a mediator will be helpful, you may complete and file a Request for Hearing (Form 4A-206 NMRA), and the Court will make a decision for you. For more information about how to request a hearing, *see* Subparagraph (1) of Paragraph E of Form 4A-200 NMRA.

The MSA includes the following sections:

(1) ***Property we are dividing.*** This is where you describe how you will divide your property, including personal property, real property, bank and investment accounts, retirement plans, vehicles, and any other property. Examples of each type of property are included on the form. Complete the Personal Property List (Attachment A) to identify any personal property you own that is valuable to you and to show how you will divide it. If you have real property other than the home you lived in while you were married, complete the Real Property List (Attachment B) to identify the property and to show how you will divide it;

(2) ***Debts we are dividing.*** This is where you describe how you will divide your debts (e.g., credit cards, loans, etc.), cancel joint credit cards, file your taxes, and handle any issues that may come up with tax returns that were filed while you were married. Complete the Debt List (Attachment C) to identify each of your debts and to show how you will divide them;

(3) ***Cash payment.*** This is where you show any dollar amount that you have agreed one party should pay the other to settle the division of your property and debts. This amount will be included in the Final Decree of Dissolution of Marriage as a judgment in favor of the party who is to receive the cash payment. This judgment may be enforced as provided by law;

(4) **Spousal support.** This is where you show any dollar amount that you have agreed one party should pay the other as monthly spousal support. *If* the Court approves this section, the amount and timing of spousal support can be modified only by a court order. For more information on spousal support, see Section 40-4-7 NMSA 1978;

(5) **Other statements by parties.** This is where you promise to do what is necessary to carry out your agreements in the MSA and how you will resolve any arguments you may have about the MSA in the future; and

(6) **Verification.** This is where you affirm the truth of the statements in the MSA and sign it under penalty of perjury.

C. **Custody plan and order.** A Custody Plan and Order must be completed and filed with the Court in every dissolution of marriage case when the parties are the parents of one or more children under eighteen (18) years of age or under the age of nineteen (19) and attending high school. (Use Form 4A-302 NMRA.) This document describes decisions that have been made and how decisions will be made in the future about the children. When the Court signs and files a Final Decree of Dissolution of Marriage, the Custody Plan and Order is legally binding on both parties. *See* Paragraph A, above.

If you and the other party cannot agree on the terms of a Custody Plan and Order, you may request the assistance of a mediator by completing and filing a Motion for Referral to Mediation (child custody, timesharing, or visitation) (Form 4A-204 NMRA) with the Court. If you do not believe that a mediator will be helpful, you may complete and file a Request for Hearing (Form 4A-206 NMRA), and the Court will make a decision for you. For more information about how to request a hearing, *see* Form 4A-200(E)(1) NMRA. Some courts will not set a hearing on custody matters until the parties have tried mediation but failed to reach an agreement. Check with the Court before you request a hearing to find out if mediation is required.

The Custody Plan and Order includes the following sections:

(1) **Identification and contact information.** This is where you list the names and contact information of the parties and the children who are covered by the form;

(2) **Custody of the children.** This is where you describe the agreement you have reached about how you will make decisions and who will have custody of your children. If you choose sole legal custody, you must provide the specific reason why sole legal custody is in the best interests of the children. Also describe how often, when, and where the non-custodial parent will be allowed to visit the children, if at all. If you choose joint legal custody, you must complete the parenting plan in Subparagraphs one (1) through five (5) of Paragraph B to describe how you will share the custody of your children; and

(3) **Verification.** This is where you affirm the truth of the statements in the Custody Plan and Order and sign it under penalty of perjury.

D. **Child support obligation and order.** A Child Support Obligation and Order must be completed and filed with the Court in every dissolution of marriage case when the parties are the parents of one or more children under eighteen (18) years of age or under the age of nineteen (19) and attending high school. (Use Form 4A-303 NMRA.) This document describes how you will divide the expenses of raising the children, including child support and health insurance, and tax issues relating to the children. When the Court signs and files a Final Decree of Dissolution of Marriage, the Child Support Obligation and Order will become legally binding on both parties. *See* Paragraph A, above.

If you and the other party cannot agree on the terms of the Child Support Obligation and Order, you may request the assistance of a mediator by completing and filing a Motion for Referral to Mediation

(child support or other financial issues) (Form 4A-205 NMRA) with the Court. If you do not believe that a mediator will be helpful, you may complete and file a Request for Hearing (Form 4A-206 NMRA), and the Court will make a decision for you. For more information about how to request a hearing, *see* Form 4A-200(E)(1) NMRA.

The Child Support Obligation and Order includes the following sections:

(1) **Identification and contact information.** This is where you list the names and contact information of the parties and the children who are covered by the form;

(2) **Child support.** This is where you describe how you will share the expenses of raising your children. This portion of the form refers to these additional documents:

(a) **Child support worksheet.** To complete Paragraph A of this section, you must complete and attach a child support worksheet to your Child Support Obligation and Order. The worksheet will help you figure out the amount of child support required by law. The worksheet is available at Section 40-4-11.1 NMSA 1978, or you can find an interactive version at www.nmcourts.com by clicking on the “Family Law Forms” link and selecting “Child Support Worksheet.” The interactive worksheet will automatically calculate the monthly child support obligation. The amount shown on the child support worksheet will be awarded by the Court. If the parties need to deviate from the amount shown on the child support worksheet, they must request a different amount, explain why that amount is necessary, and the deviation must be approved by the Court; and

(b) **Wage withholding order.** Under Paragraph D of this section, you must tell the Court how you will begin wage withholding for child support. Payment of child support by wage withholding is mandatory unless otherwise agreed by the parties or ordered by the Court. Wage withholding will not take effect until the parties complete a Wage Withholding Order (Form 4A-304 NMRA) and submit it to the Court for filing, or until the Court signs and files the Child Support Obligation and Order and the parties open a case with the New Mexico Human Services Department, Child Support Enforcement Division (“CSED”). CSED can issue a notice of wage withholding for the parties on full service cases. You may request the Court to order wage withholding by attaching a completed Wage Withholding Order to the Child Support Obligation and Order; and

(3) **Verification.** This is where you affirm the truth of the statements in the Child Support Obligation and Order and sign it under penalty of perjury.

E. **Final decree of dissolution of marriage.** When the Court signs and files a Final Decree of Dissolution of Marriage, you and the other party will be divorced. You may request a Final Decree of Dissolution of Marriage as follows:

(1) **Uncontested.** If you and the other party agree on the terms of your MSA (and Custody Plan and Order and Child Support Obligation and Order, if you have children), you may request a Final Decree of Dissolution of Marriage by doing the following:

(a) Filing your completed MSA (and completed Custody Plan and Order and Child Support Obligation and Order, if you have children) with the Court Clerk’s Office; and

(b) Submitting a completed Final Decree of Dissolution of Marriage (Form 4A-305 NMRA (without children) or 4A-306 (with children) NMRA) to the judge for approval.

The Court may sign the Final Decree of Dissolution of Marriage without further notice, or it may order you and the other party to appear for a hearing. **WARNING:** Once the Court signs and files the Final Decree of Dissolution of Marriage, your divorce will be final, and the terms of the MSA (and the Custody Plan and Order and Child Support Obligation and Order, if you have children) will be binding as a court order on both parties. *See* Paragraph A, above;

(2) **Contested.** If you and the other party do not agree on the terms of your MSA (and Custody Plan and Order and Child Support Obligation and Order, if you have children) and you cannot submit completed forms to the Court, you should request a trial in your case by submitting a Request for Hearing (Form 4A-206 NMRA). For more information about how to request a hearing, see Form 4A-200(E)(1) NMRA.

The Court will set one or more hearings to resolve the remaining disagreements over the terms of the MSA (and the Custody Plan and Order and Child Support Obligation and Order, if you have children). *You must complete your own proposed MSA (and Custody Plan and Order and Child Support Obligation and Order, if you have children) and Final Decree of Dissolution of Marriage (Form 4A-305 (without children) or Form 4A-306 (with children) NMRA) and bring them with you to the hearing.* Once the Court has decided the terms of the MSA (and the Custody Plan and Order and Child Support Obligation and Order, if you have children), it will sign and file a Final Decree of Dissolution of Marriage, and you will be divorced from the other party; or

(3) **Default.** If more than thirty (30) days have passed since you filed and served the Petition for Dissolution of Marriage and the other party has not filed an answer or otherwise responded to your petition, you may be able to request a Final Decree of Dissolution of Marriage without the other party's participation. This is called a default judgment. See Form 4A-310 NMRA for instructions on how to request a default judgment and Final Decree of Dissolution of Marriage.

[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-101. Domestic relations information sheet.

DOMESTIC RELATIONS INFORMATION SHEET¹

NOTE TO CLERK: DO NOT FILE THE INFORMATION SHEET

*Type or print responses. Required in all domestic relations cases.²
(Do not use in domestic violence cases.)*

A. Petitioner's attorney information. *(Complete only if Petitioner has an attorney.)*

Petitioner's name: _____
Attorney's name: _____
Attorney's address: _____
City: _____ State _____ Zip code: _____
Telephone: _____

B. Information regarding petitioner and respondent. *(Do not use an attorney's mailing address. Use a separate sheet if necessary.)*

PETITIONER:

RESPONDENT:

NAME: _____

NAME: _____

Other names (e.g. maiden name):

Other names (e.g. maiden name):

Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

Zip code: _____

Zip code: _____

Date of birth: _____

Date of birth: _____

Social Security number³: _____

Social Security number³: _____

C. Parties' minor children. *(Provide the date of birth and social security number for each minor child, if any. Use a separate sheet if necessary.)*

1. NAME: _____
(Last name, first, middle)

2. NAME: _____
(Last name, first, middle)

Date of birth: _____

Date of birth: _____

Social Security number: _____

Social Security number: _____

3. NAME: _____
(Last name, first, middle)

4. NAME: _____
(Last name, first, middle)

Date of birth: _____

Date of birth: _____

Social Security number: _____

Social Security number: _____

D. Request to limit access to information. *(Optional - complete only if applicable)*

The [petitioner] [respondent] has reason to fear domestic violence or child abuse. For this reason, please limit access to information about the [petitioner] [respondent] in the Child Support & Paternity Case Registry to the extent possible.⁴ The [petitioner] [respondent] realizes that this request may make it more difficult to assist in collecting child support. The [petitioner] [respondent] understands that the other party and the public might still view information about this case under some circumstances.

I affirm that this request is legitimately made and not designed to harass or intimidate the other party or mislead the court.

Signature of [Petitioner] [Respondent]

USE NOTES

1. The Domestic Relations Information Sheet is not required in domestic violence, commitment, guardianship, probate, or adoption actions; or if you are filing a pleading that does not change or add to the first pleading.

In uncontested domestic relations matters, the parties may submit one Information Sheet with the initial pleading, and the document need not be served.

In all other contested domestic relations cases each attorney representing a petitioner, or the petitioner proceeding pro se, in a contested case must submit the Information Sheet and serve a blank copy of the Information Sheet on the respondent. Respondents must submit the completed Information Sheet with their first responsive pleading.

The information submitted on these forms does not replace or supplement the filing and service of pleadings or other papers required by law. These forms, approved by the Supreme Court of New Mexico, are required to initiate domestic relations cases and are used by the courts for case management.

Forms are available from the court clerks and the NMRA. Electronic copies may be obtained from the Supreme Court's internet site (www.supremecourt.nm.org) and New Mexico Law on Disc. If re-keying the form it must appear substantially in the same format as the Supreme Court approved form. Type or print only. If using a word processing system, please print your answers in bold.

2. Unless there are more than four children, the Information Sheet is to be submitted on a single page. The clerk will key-enter the information on the Information Sheet. The Information Sheet will not be filed in the court file.

3. If the party has more than one social security number, please include it. Pursuant to Sections 27-1-10 and 27-1-11 NMSA 1978 and federal law, each party must submit the social security number of each party as well as the name, date of birth and social security number for each minor child. This information will be provided to the State Case Registry and, upon request, to child support enforcement agencies. The parties' addresses and social security numbers are also used to accurately identify and track court users, obtain feedback from court users on a periodic basis and to issue process in contempt proceedings. Addresses provided on this page will not be made a part of the public record unless that party is or becomes self-represented.

4. The Child Support & Paternity Case Registry is a required, nationwide database of child support and paternity orders. Access to registry information is strictly limited to court and child support administrative personnel. Requesting that your registry information be "nondisclosed" does not prevent authorized parties from reviewing the information. Rather, it alerts courts and child support administrative personnel to act with caution when viewing your information. However, be aware that requesting "nondisclosure" of registry information does not limit access to your official district court case file which is a public record. If you are concerned about such access, ask your lawyer, or the court clerk if you do not have a lawyer, about ways in which the court may restrict access to your court file.

[Provisionally approved as 4-211 NMRA, effective November 1, 1999 until November 1, 2000; approved, as amended, effective November 1, 2000; as amended 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 cases filed on or after December 31, 2014.]

4A-402. Petition to establish parentage.

**STATE OF NEW MEXICO
COUNTY OF SAN JUAN
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v. **No. D-1116-DM** _____

_____,
Respondent.

PETITION TO ESTABLISH PARENTAGE¹

I, _____, (*person listed as petitioner above*) am the petitioner in this case and I have [a child] [children] with _____ (*person listed as respondent*), "the parties." The parties ask the court for a Final Decree Establishing Parentage that establishes that _____ (*name of respondent*) is the parent of the [child] [children] listed below and approves the parties' Custody Plan and Order, Form 4A-302 NMRA, and Child Support Obligation and Order, Form 4A-303 NMRA for their [child] [children].

1. The parties have [or are expecting] _____ (*number*) minor [child] [children] together.
2. The parties are filing a completed Custody Plan and Order, Form 4A-302 NMRA, and Child Support Obligation and Order, Form 4A-303 NMRA, at the same time as this petition.

3. Petitioner lives in _____ County.

Respondent lives in _____ County.

Venue is proper because one of us lives in the county listed in the case caption above.

4. Both parties have gotten the help needed in order to sign this document.

5. The parties are the parents of:

Child's name	Date of birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Our [child] [children] have lived in New Mexico since birth or for at least the past six (6) months. For the past five (5) years, our children have lived:

Child's addresses	Dates of residence	People in residence
Present address:		
_____	_____	_____
_____	_____	_____
Past addresses:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If applicable, check below and list each proceeding.)

7. The above [child has] [children have] been the subject of the following prior custody or support proceedings:

Case Name	Case #	Court name	Location
_____	_____	_____	_____
_____	_____	_____	_____

- No other custody or support proceeding has been filed in any state involving the above named [child] [children].

8. *(check applicable)*

- No person other than the parties to this proceeding has claimed custody or visitation rights for the above named [child] [children].

- The following named persons have custody or visitation rights to the above named [child] [children]:

(Name of person) _____
(Address)

(Name of person) _____
(Address)

9. Parentage has been established because the respondent has acknowledged that he or she is the parent of the [child] [children].

10. We understand that once the judge signs the Final Decree of Parentage, we will be ordered to do the things we agreed to do in the Custody Plan and Order, Form 4A-302 NMRA, and the Child Support Obligation and Order, Form 4A-303 NMRA.

**VERIFICATION BY PETITIONER AND RESPONDENT
IN UNCONTESTED PARENTAGE**

I, _____, affirm under penalty of perjury under the laws of the State of New Mexico that I am the Petitioner in the above-entitled cause, and I know and understand that the contents contained in the above Petition are true to the best of my knowledge and belief.

Signature of Petitioner Date

Printed Name

Street/mailling address

City, State, Zip

Telephone number

I, _____, affirm under penalty of perjury under the laws of the State of New Mexico that I am the Respondent in the above-entitled cause, and I know and understand that the contents contained in the above Petition are true to the best of my knowledge and belief.

Signature of Petitioner Date

Printed Name

Street/mailling address

City, State, Zip

Telephone number

USE NOTES

1. See Form 4A-401 NMRA for an explanation of an uncontested paternity proceeding and how to complete these forms.
2. Section 40-10A-209 NMSA 1978 requires the following information be disclosed:
 - name of the child;
 - the places the child has lived in the last five (5) years; and
 - the names and addresses of the persons with whom the child has lived in the last five (5) years.

[Approved, effective November 1, 2002; 4A-331 recompiled as 4A-402 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. 13-8300-014, effective immediately in all cases pending or filed on or after June 24, 2013.]

4A-302. Custody plan and order.

**STATE OF NEW MEXICO
COUNTY OF SAN JUAN
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v.

No. D-1116-DM

_____,
Respondent.

CUSTODY PLAN AND ORDER¹

_____ and _____ are the parents of the children listed below. This document is the custody plan and is in the best interests of the children.

I. IDENTIFICATION AND CONTACT INFORMATION

Parent's name	Physical address and phone number	Place of employment and phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's name	Year of birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

[] The parties shall advise each other of any change to this contact information within ten (10) days of new information becoming available.

II. CUSTODY OF THE CHILDREN²

(Choose either Option A, Sole legal custody, or Option B, Joint legal custody)

A. **Sole legal custody and visitation plan.** (Do not fill out Option B if you choose this option)

(Complete 1, 2, and 3)

1. _____ (name of parent with sole custody) shall have sole legal custody of the children. The parent with sole custody shall make the important decisions regarding the children.

2. The reason that sole custody is in the best interest of the children is because:

3. This is the visitation plan:

(Choose a, b, or c)

a. There shall be **no visitation** until further order of the Court.

(or)

b. _____ (name of other parent) shall have **unsupervised visitation** with the children as follows: (Fully describe visitation plan to include who shall transport the children and where and when the visitation shall occur. Attach additional sheets if necessary.)

(or)

c. _____ (name of other parent) shall have **supervised visitation** with the children as follows: (Fully describe visitation plan to include who shall supervise the visitation, who shall transport the children and where and when the visitation shall occur. Attach additional sheets if necessary.)

B. **Joint legal custody and parenting plan.** (*Do not fill out Option A if you choose this option*)

1. **Important decisions.** The parents shall share joint legal custody of the children and shall make important decisions about the children together. No change regarding any of the following shall happen unless the parents both agree to the change in writing or the court changes it:

- a. City and county of residence: _____
- b. Religion: _____
- c. Activities: _____

	Name	Address and telephone
d. Doctor	_____	_____
e. Dentist	_____	_____
f. School	_____	_____
g. Child care	_____	_____
h. Other	_____	_____

2. **Solving arguments.** The parents shall resolve any parenting or time-sharing dispute regarding the children in this way (*steps continue until problem solved*):

- a. Talk together; or
- b. Communicate in writing as follows:
 - i. parent requests change, and gives reasons for the change; and
 - ii. answering parent sends response within _____ days.

If the answering parent does not agree to the change, that parent must say why, and, if possible, make a new proposal.

- c. Take the following steps:
(*check all that apply and number them if there is a particular order*)
 - _____. Go to couple, family, or other counseling;
 - _____. Go to mediation with a neutral party;
 - _____. Other: _____;
 - _____. Go to court.

3. Timesharing schedule.

(Complete "Schedule 1" or "Schedule 2" below.)

[] Schedule 1. Same schedule each week or every two weeks.

(Set out the time that each parent shall have the children for that day.)

Week 1	_____’s time	_____’s time
	<i>(name of parent)</i>	<i>(name of parent)</i>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Week 2	_____’s time	_____’s time
	<i>(name of parent)</i>	<i>(name of parent)</i>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

[] Schedule 2. Write your own schedule. (Write your own schedule here or attach a separate sheet or calendar or make additions to Schedule 1.)

4. Vacation and holiday plan.

- a. **Vacations.** The parents shall each have [days] [weeks] (*circle one*) of uninterrupted time with the children each year. Each parent shall give the other parent at least [days] [weeks] (*circle one*) notice of the vacation time.

- b. **Holidays.** Regardless of the day of the week, the children shall spend holidays as follows: (*Insert name of parent who will have the children on each holiday*)

Holidays:	Even year	Odd year	Times (if split)
Mother's Day	_____	_____	From _____ To _____
Father's Day	_____	_____	From _____ To _____
Child's Birthday	_____	_____	From _____ To _____
Halloween	_____	_____	From _____ To _____
Thanksgiving break	_____	_____	From _____ To _____
Winter religious holidays	_____	_____	From _____ To _____
1st 1/2 winter break	_____	_____	From _____ To _____
2nd 1/2 winter break	_____	_____	From _____ To _____
Spring Break	_____	_____	From _____ To _____
July 4th	_____	_____	From _____ To _____
Other religious holidays	_____	_____	From _____ To _____
Others:	_____	_____	From _____ To _____

The Monday of a 3-day weekend due to a school, federal, or state holiday is the same as the Sunday schedule unless we agree differently.

5. **Details about the timesharing.**

- a. **Communication.** Each parent may have reasonable communication with the children at all times. Neither parent shall unreasonably interfere with the children's communications with the other parent.

- b. **Transfer of children.** Responsibility for transferring the children from one parent to the other shall be as follows (*write what you will do here*):
- _____
- _____.
- c. **Long-distance transfer of children.** Responsibility for transferring the children from one parent to the other in long-distance arrangements shall be as follows (*write down what you will do here*):
- _____
- _____.
- d. **Emergencies.** If there is a medical emergency, the parent with the children shall try to call the other parent about the emergency. If the other parent cannot be reached, any decision for emergency medical treatment shall be made by the available parent in the best interest of the children.
- e. **Changes.** Each parent may ask the other for changes to this schedule. The other parent has the right to say “no.” If the other parent says “no,” the parent asking for changes shall not argue or criticize the other parent’s decision.
- f. **Review of plan.** The parents agree to meet [] every year (*or*) [] every years to make sure this plan continues to work well.

VERIFICATION

I affirm under oath and penalty of perjury under the laws of the State of New Mexico that I have read this document, that I agree with everything in it, and that the statements in it are true and correct to the best of my knowledge and belief.

Name of parent (*print*)

Name of parent (*print*)

Parent’s signature

Parent’s signature

Date

Date

Mailing address

Mailing address

Physical address

Physical address

Telephone

Telephone

STATE OF NEW MEXICO }
COUNTY OF _____ } ss.

Acknowledged, signed and sworn before me on _____ (mm/dd/yyyy) by
_____ (name of person making statement), the **PARENT**.

Signature of Judge, Notary or other officer
Authorized to administer oaths

Title or date commission expires

STATE OF NEW MEXICO }
COUNTY OF _____ } ss.

Acknowledged, signed and sworn before me on _____ (mm/dd/yyyy) by
_____ (name of person making statement), the **PARENT**.

Signature of Judge, Notary or other officer
Authorized to administer oaths

Title or date commission expires

Recommended by (if one is assigned):

Hearing Officer

APPROVED, ADOPTED AND ORDERED BY THE DISTRICT COURT

Date

District Court Judge

USE NOTE

1. A custody plan must be filed in every dissolution of marriage case if the parties have minor children or a child under nineteen years of age who is attending high school. For more information about filling out this form, see Form 4A-300 NMRA.

2. The parties should understand the difference between the rights and obligations of joint custodians and a sole custodian. Descriptions of these terms are set out in NMSA 1978 Section 40-4-9.1 NMSA 1978. See an attorney with questions you may have. Joint custody does not imply an equal division of the child's time between the parents or an equal division of financial responsibility for the child.

[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. 15-8300-024, effective for all pleadings and papers filed after November 18, 2015.]



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-303. Child support obligation and order.

**STATE OF NEW MEXICO
COUNTY OF SAN JUAN
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v.

No. **D-1116-DM**

_____,
Respondent.

CHILD SUPPORT OBLIGATION AND ORDER¹

_____ and _____ are the parents of the children listed below.

I. IDENTIFICATION AND CONTACT INFORMATION

Parent's name	Physical address and phone number	Place of employment and phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's name	Year of birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

[] The parties shall advise each other of any change to this contact information within ten (10) days of new information becoming available.

II. CHILD SUPPORT²

A. **Child Support Worksheet.**³ A signed child support worksheet is attached to this plan.
(Complete and sign a child support worksheet prior to completing this section.)

Child support: _____ pays _____ \$ _____ per month. Payments shall begin on _____ (date) and shall be paid in the amount of \$ _____ every [] week [] two weeks [] month. Payments shall continue each month until the youngest child turns eighteen (18); however, if the youngest child turns eighteen (18) while still attending high school, payments shall continue until the month the child graduates or turns nineteen (19), whichever occurs first.⁴

(Choose 1 or 2)

[] 1. This amount is the amount shown on the worksheet;

(or)

[] 2. This is a deviation from the amount shown on the child support worksheet because (fill in the reason here)⁵

_____.

B. **Health insurance coverage**⁶ (Choose 1, 2, or 3)

[] 1. (name of parent) shall keep the minor children covered by health and dental insurance under the policy of insurance available to [him] [her] from [his] [her] employer or other group health care insurance plan.

(or)

[] 2. Neither parent has private health or dental insurance coverage available at a reasonable cost. If the children are covered under Medicaid, the child support obligor shall pay a cash medical support payment as determined at a subsequent hearing in which the State of New Mexico, Child Support Enforcement Division ("CSED"), has been given sufficient notice, or upon the stipulation of the parties and with the agreement of CSED. The notification to and agreement of CSED is required only for cash medical support.

(or)

[] 3. Other health insurance coverage shall be provided as follows:

_____.

C. **Additional healthcare expenses to be determined by percentage.** The parents shall split the cost of uncovered necessary healthcare expenses in proportion to their income on the child support worksheet.

D. **Wage withholding of child support.** (*Choose and complete 1 or 2*)

1. **Withhold wages for child support.** Child support payment shall be withheld from _____'s paycheck.⁷

(*Choose a or b*)

a. Attached is a completed Form 4A-304 NMRA Wage Withholding Order which directs all withheld payments to the Child Support Enforcement Division ("CSED").

(*or*)

b. (*name of parent*) shall take a copy of this child support obligation after it is signed by the Court to CSED to open a case and to request that CSED issue a notice of wage withholding on [his] [her] behalf.

(*or*)

2. **Other plan.** Wage withholding is not appropriate at this time as the parents have made the following alternate arrangements for the payment of support (*describe alternate payment arrangements, subject to approval by the Court*):

E. **Health and dental insurance.** The parents shall do the following:

1. follow the insurance plan in selecting a doctor or dentist;
2. use doctors and dentists who are part of the insurance plan;
3. make sure each parent has a copy of the insurance card and policy; and
4. cooperate and work together to promptly submit all insurance forms.

F. **Exchange of information.** Once a year either parent can ask, in writing, for both parents to exchange the following information (*this paragraph is required by statute, Section 40-4-11.4 NMSA 1978*):⁸

1. federal and state tax returns for the prior year;
2. W-2 statements for the prior year;
3. IRS form 1099s for the prior year;
4. work related day care statements for the prior year;
5. dependent medical insurance premiums for the prior year; and
6. wage and payroll statements for the four months prior to the request.

G. **Tax issues.**⁹ This is the plan about tax issues, such as the dependency exemption, that relate to the children:

Follow IRS regulations; or

Adopt another plan as follows:

_____.

H. **Other expenses.** Each parent shall provide the children with items they need while they are with that parent.

(*If applicable*) The parents shall pay for special activities as follows:

_____.

VERIFICATION

I affirm under oath and penalty of perjury under the laws of the State of New Mexico that I have read this document, that I agree with everything in it, and that the statements in it are true and correct to the best of my knowledge and belief.

Name of parent (*print*)

Name of parent (*print*)

Parent's signature

Parent's signature

Date

Date

Mailing address

Mailing address

Physical address

Physical address

Telephone

Telephone

STATE OF NEW MEXICO }
COUNTY OF _____ } ss.

Acknowledged, signed and sworn before me on _____ (mm/dd/yyyy) by
_____ (name of person making statement), the PARENT.

Signature of Judge, Notary or other officer
Authorized to administer oaths

Title or date commission expires

STATE OF NEW MEXICO }
COUNTY OF _____ } ss.

Acknowledged, signed and sworn before me on _____ (mm/dd/yyyy) by
_____ (name of person making statement), the PARENT.

Signature of Judge, Notary or other officer
Authorized to administer oaths

Title or date commission expires

Recommended by (if one is assigned):

Hearing Officer

APPROVED, ADOPTED AND ORDERED BY THE DISTRICT COURT

Date

District Court Judge

USE NOTE

1. A child support obligation must be filed in every dissolution of marriage case if the parties have minor children or a child under nineteen years of age who is attending high school. For more information about filling out this form, see Form 4A-300 NMRA.

2. If child support is not paid in a timely manner, interest will be added to the amount owed at the rate provided by law. See NMSA 1978 Section 40-4-7.3 for accrual of interest on delinquent child support.

3. See NMSA 1978 Section 40-4-11.1 for the child support worksheet. An interactive version of this worksheet may be found at www.nmcourts.com, click on "Family Law Forms." See also Form 4A-300 NMRA for a further explanation of the child support worksheet. The child support worksheet is used to determine the monthly child support obligation.

4. If child support is being paid for more than one child, the end of a child support obligation for a child may be a change of circumstances that justifies a different child support amount. A new child support worksheet must be completed and adopted by the court. If your child has an intellectual or physical disability, you should consult with an attorney.

5. The judge may or may not accept a proposed change from the worksheet amount. Proposed changes may be appropriate if application of the child support guidelines would be unjust or inappropriate, or create a substantial hardship. If child support has been ordered in another proceeding, tell the court about it here and attach that child support worksheet.

6. See NMSA 1978 Section 40-4C-4 for medical support orders. In some circumstances the court may order both parties to provide employer-provided health insurance.

7. See Form 4A-304 NMRA for the Wage Withholding Order. Wage withholding is required unless the parties show good cause and make alternate payment arrangements. Wage withholding is mandatory if the children are receiving public assistance. Payments made by wage withholding go through the Title IV-D agency (CSED) and cannot be directly sent by the employer to a party. Either party may request the court to enter a Wage Withholding Order. See also Form 4A-300 NMRA for a further explanation of the Wage Withholding Order.

8. You need a court order to adjust child support payments.

9. Consult with a professional about tax issues that relate to any children.

[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. 15-8300-024, effective for all pleadings and papers filed after November 18, 2015.]

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>
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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 SAN JUAN
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner

v.

No. **D-1116-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-403. Final decree of parentage

**STATE OF NEW MEXICO
COUNTY OF SAN JUAN
ELEVENTH JUDICIAL DISTRICT COURT**

_____,
Petitioner,

v.

No. D-1116-DM

_____,
Respondent.

FINAL DECREE OF PARENTAGE

THIS MATTER was brought before the court by _____ (*petitioner parent's name*) and _____ (*respondent parent's name*), "the parties." The parties have asked the court to enter a final decree establishing parentage. In addition, the parties have filed a Custody Plan and Order and a Child Support Obligation and Order that set out the custody and child support of their [child] [children].

This court has considered the parties' agreements, and finds the parties' Custody Plan and Order, Child Support Obligation and Order, and requests to be reasonable.

THIS COURT FINDS AND CONCLUDES:

1. The court has jurisdiction over the parties, the [child] [children], and the subject matter of this action.
2. _____ (*name of respondent parent*) has acknowledged in the petition filed in this case that he or she is the parent of (*name of each child*):

3. The parties have affirmed under penalty of perjury that the Custody Plan and Order and Child Support Obligation and Order are complete, true, and correct.
4. The filed Custody Plan and Order and Child Support Obligation and Order determine custody and child support of the parties' minor [child] [children]. The parties have affirmed under penalty of perjury that the Custody Plan and Order and Child Support Obligation and Order are in the best interest of the [child] [children].

5. *(Judge to check applicable.)*

The child support guidelines are appropriate in this case.

The child support guidelines are unjust or inappropriate in this case because they result in substantial hardship. It is appropriate to deviate from the child support guidelines in this case.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED:

1. _____ *(name of respondent)* is the parent of *(name of each minor child)*:

2. The parties are ordered to fully comply with all terms and provisions of the Custody Plan and Order and Child Support Obligation and Order, the terms of which are incorporated by reference.

3. Petitioner Parent Respondent Parent is ordered to pay child support in the amount of \$_____ to the other parent.

4. *(check applicable alternative)*

The parties have joint custody of the [child] [children]

Petitioner Parent Respondent Parent is the sole custodian of the [child] [children].

5. The court will have continuing jurisdiction over issues relating to the [child] [children] while the [child is a minor] [children are minors].

6. *(Check and complete if applicable)*

The Department of Health, Health Services Division, Vital Statistics Bureau is ordered to change the birth record of *(name of each child)*:

to reflect _____ *(name of respondent)* as the [child's] [children's] parent.

7. This case is now closed. However, the court will have continuing jurisdiction over issues relating to the [child] [children] while they are minors and as provided by law.

I affirm under penalty of perjury under the laws of the State of New Mexico that I have read this document, that I agree with everything in it, and that the statements in it are true and correct to the best of my knowledge and belief.

Name of parent (*print*)

Name of parent (*print*)

Parent's signature

Parent's signature

Date

Date

Mailing address

Mailing address

Physical address

Physical address

Telephone

Telephone

Recommended by (if one is assigned):

Hearing Officer

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

Date

District Court Judge

[Approved, effective November 15, 2002; 4A-332 recompiled as 4A-403 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. 13-8300-014, effective immediately in all cases pending or filed on or after June 24, 2013.]

STOP!!!

LOOK AT YOUR DOCUMENTS BEFORE YOU SUBMIT TO THE CLERK'S OFFICE TO MAKE SURE

Once you have reviewed for the following, please check below

- DID BOTH PEOPLE SIGN ALL DOCUMENTS?
- DID BOTH PEOPLE GET SIGNATURES NOTARIZED WHERE NEEDED?
- DID BOTH PEOPLE DATE THEIR SIGNATURES?
- IF YOU ARE FILING A DIVORCE, DID YOU SUBMIT A SETTLEMENT AGREEMENT WITH NOTARIZED SIGNATURES OF BOTH PEOPLE?

IF YOU HAVE MINOR CHILDREN WITH OTHER PARTY, DID YOU SUBMIT A

- CHILD SUPPORT OBLIGATION AND ORDER, WITH AN ATTACHED CHILD SUPPORT WORKSHEET? (EVEN IF YOU AGREE TO A LESSER AMOUNT OR \$0.00) IF YOU BOTH AGREE TO A DIFFERENT AMOUNT THAN WHAT IS IN THE CHILD SUPPORT WORKSHEET, DID YOU GIVE THE JUDGE A REASON WHY YOU AGREED TO DIFFERENT AMOUNT?
- CUSTODY PLAN AND ORDER?

IF YOU ANSWERED NO TO ANY OF THESE QUESTIONS, YOU DO NOT HAVE AN AGREEMENT. YOU MUST HAVE AN APPROPRIATE PERSON SERVE THE OTHER PARTY WITH A SUMMONS AND A COPY OF THE PETITION AND FILE A CERTIFICATE OF SERVICE PURSUANT TO NMRA 1-004. IF YOU FAIL TO FILE A CERTIFICATE OF SERVICE, YOUR CASE WILL NOT PROCEED AND YOUR CASE MAY BE DISMISSED.

A SAMPLE CERTIFICATE OF SERVICE AND MOST FORMS CAN BE FOUND AT <https://www.nmcourts.gov/self-help/forms/>.

**ONCE YOU HAVE DOUBLE CHECKED THE ABOVE PLEASE
FEEL FREE TO FILE WITH THE CLERKS**