

COMPLETING THE ORDER FOR MODIFICATION OF CHILD SUPPORT

Use this form to provide the court with a proposed Order to change the child support. You must complete the "Financial Affidavit for Child Support" and the "Child Support Worksheet" and give it to the judge at the time of the final hearing.

The Order must be filed with the clerk of the court before the modification can be finalized.

You should check with the clerk's office after the hearing to update or provide any information necessary, including information for child support.

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Enter the name of the plaintiff.

Enter the name of the defendant(s).

Enter the date of the hearing.

The court will check the correct boxes and complete the information in this section.

Check the box for who the other party is in the case and how they were served with the copy of the complaint.

Choose the county from the drop-down list.

Enter the case number.

Enter the name of the county where the complaint was filed.

Check the box for who you are in the case.

Check the box for who you are in the case and enter the date you filed the Complaint.

Enter the number of children born to you and the other party.

3. The court has jurisdiction over the parties as well as authority to address the subject matter presented in the Complaint.

4. The parties have _____ child(ren) whose welfare is affected by this modification. (number of children)

On _____ the court ordered _____
(date of the most recent order setting child support) (name of payor)
to pay child support for the below listed child(ren):

_____	, born _____
(Name of child)	(Child's year of birth)
_____	, born _____
(Name of child)	(Child's year of birth)
_____	, born _____
(Name of child)	(Child's year of birth)
_____	, born _____
(Name of child)	(Child's year of birth)

Additional children are listed on a separate page.

Pursuant to the Nebraska Child Support Guidelines, child support payments were to begin on the 1st day of _____, and continue
(month and year the most recent order setting child support became effective)
on the first day of each subsequent month thereafter in the amounts set forth:

_____	per month for _____ children
(support amount)	(number of children)
_____	per month for _____ children
(support amount)	(number of children)
_____	per month for _____ children
(support amount)	(number of children)
_____	per month for one child
(support amount)	

5. There has been a material change in the plaintiff's, defendant's circumstances since the date the most recent order for support was entered. Application of the Nebraska Child Support Guidelines would result in a change to the previously ordered child support obligation by more than 10% and result in a monthly dollar difference of \$25.00 or more.

Check the box if there are more children than will fit in the spaces and add them on another page.

Check the box next to the party who has had the change in their circumstances

List the date of the most recent order setting child support, the name of the person ordered to pay, the name of each child and their year of birth.

Enter the information from the most recent order setting child support.

6. The change in circumstances has lasted three months or more and reasonably can be expected to last for another six months.

7. One or both parents do do not have health insurance available to them, through their employer, at a reasonable cost. The plaintiff defendant is is not able to provide cash medical support. Neb. Ct. R. § 4-215.

Based on these findings, the court enters the following order:
(This section is to be completed by the district court judge.)

1. Pursuant to the Nebraska Child Support Guidelines, child support payments by _____ are to be paid on the 1st day of _____ (name of payor), by the plaintiff, defendant and continue on the first day of each subsequent month thereafter in the amounts set forth:

_____ per month for _____ children
(support amount) (number of children)

_____ per month for _____ children
(support amount) (number of children)

_____ per month for _____ children
(support amount) (number of children)

_____ per month for one child
(support amount)

A worksheet showing the calculations under the Nebraska Child Support Guidelines is attached to this Order.

2. Child support payments shall be made to the Nebraska Child Support Payment Center, P.O. Box 82600, Lincoln NE 68501-2600.

3. This Order shall remain in full force and effect until the minor child(ren) reaches/reach the age of 19, marries or dies, is emancipated or until further order of this court.

The **court** will complete the information on these pages.

4. **Health Insurance/Cash Medical Support**

The plaintiff, defendant shall provide health insurance coverage for the minor child(ren) as a policy is available through their employer at a reasonable cost, within the meaning of Neb. Ct. R. § 4-215 of the Nebraska Child Support Guidelines.

The plaintiff, defendant shall pay the amount of \$ _____ per month as cash medical support for the minor child(ren).

The plaintiff, defendant is unable at this time to provide health insurance for the minor children because it is not available at a reasonable cost through an employer, within the meaning of Neb. Ct. R. § 4-215 of the Nebraska Child Support Guidelines. Likewise, the plaintiff, defendant is unable to make a monthly cash medical support payment because a requirement for cash medical support would put them below the federal poverty guidelines.

5. All other provisions of this court's Order entered _____, (date of the most recent order setting child support) not specifically modified herein shall remain in full force and effect.

Date: _____

District Court Judge

If the court approves the Modification of Child Support, the judge will date and sign the Order.