

## Modification of Custody or Parenting Plan Information Worksheet

**This worksheet is to assist you in gathering information needed to complete the complaint for modification of a parenting plan, and is not filed with the court. It is not required nor is it a substitute for the complaint for modification.**

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In order to type in your modification paperwork online, you will need the following information at the computer with you:

**For the “Complaint for Modification of Custody or Parenting Plan”: (Most of this information may be found on the most recent order setting custody and parenting time.)**

County where the most recent Order with the approved Parenting Plan was filed

Full name of the plaintiff in the original Action

Full name of the defendant in the original Action

Date of the most recent Order approving a Parenting Plan

**Who was ordered to pay child support?**

The month that the most recent order approving a Parenting Plan became effective

The names and years of birth for each child covered under the most recent Order

Child's Name

Year of Birth

The support amount per month for how many children

Support Amount

# of Children

If the support was ordered to abate or go down during certain months – what percentage and during What months

Was the payor ordered to provide health insurance or cash medical support?

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Was the payor ordered to provide child care support?

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What is the change in circumstances?

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**Financial Affidavit for Child Support (additional information combined with above):**

If currently an order for support for minor children

Name of the court

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Case number

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Amount of support

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Number of children

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Name of your employer

Gross monthly income

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If per hr., amount/# of hrs.

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If per mo., amount/bonuses

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Name of other party employer

Gross monthly income

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If per hr., amount/# of hrs.

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If per mo., amount/bonuses

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If you made more money than currently making

Name of past employer

---

Gross monthly income

---

If per hr., amount/# of hrs.

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If per mo., amount/bonuses

---

If other party made more money than currently making

Name of past employer

---

Gross monthly income

---

If per hr., amount/# of hrs.

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If per mo., amount/bonuses

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Amount you pay for health insurance per month for  
children ONLY

\_\_\_\_\_

Amount other party pays for health insurance per month  
for children ONLY

\_\_\_\_\_

Amount you contribute to retirement acc.

\_\_\_\_\_

Amount other party contributes to retirement acc.

\_\_\_\_\_

Number of other children you support, if any

Names and years of birth

\_\_\_\_\_

Method of support

\_\_\_\_\_

Name of the court, if ordered

\_\_\_\_\_

Case number

\_\_\_\_\_

Amount

\_\_\_\_\_

Name of other parent, if not ordered

\_\_\_\_\_

Parent's gross monthly income

\_\_\_\_\_

Number of other children other party supports, if

any Names and years of birth

\_\_\_\_\_

Method of support

\_\_\_\_\_

Name of the court, if ordered

\_\_\_\_\_

Case number

\_\_\_\_\_

Amount

\_\_\_\_\_

Name of other parent, if not ordered

\_\_\_\_\_

Parent's gross monthly income

\_\_\_\_\_

**Voluntary Appearance (additional information combined with above):**

The other party's mailing address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Praeipie for Summons (additional information combined with above):**

The County and State where the

Other party will be served

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