

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT**

\_\_\_\_\_  
PRINT PLAINTIFF'S NAME

PLAINTIFF/PETITIONER,

v.

\_\_\_\_\_  
PRINT DEFENDANT'S NAME

DEFENDANT/RESPONDENT.

\_\_\_\_\_ DRB \_\_\_\_\_

\_\_\_\_\_ PCS \_\_\_\_\_

\_\_\_\_\_ SUP \_\_\_\_\_

IV-d \_\_\_\_\_

Judge \_\_\_\_\_

**MOTION TO MODIFY CHILD SUPPORT ORDER**  
**Does the Other Party Consent to this Motion?**  yes  no

I, \_\_\_\_\_, am the  PLAINTIFF/PETITIONER in this case.  
PRINT YOUR NAME  DEFENDANT/RESPONDENT

**1. This Court is the proper place to decide my request to modify support.**

**2. A support order was entered in this case on** \_\_\_\_\_.  
PRINT DATE OF ORDER

**3. That support order requires:** [CHECK ALL THAT APPLY]

that \_\_\_\_\_ pay current child support in the amount of \$\_\_\_\_\_.  
PRINT NAME OF PERSON PAYING

[CHECK ONE]

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that \_\_\_\_\_ pay past due child support in the amount of \$ \_\_\_\_\_.  
PRINT NAME OF PERSON PAYING

[CHECK ONE]

- Monthly
- Semi-monthly (twice each month)
- Bi-weekly (every two weeks)
- Weekly

that the other party provide medical support in this way:

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that I provide medical support in this way:

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other:

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**4. The support order was entered for the following child(ren) that I have with the other party (through birth or adoption):**

Child's Name	Current Address	Date of Birth	Gender

**5. Since the support order was entered, there has been a substantial and material change in the needs of the child(ren) and/or in the noncustodial parent's ability to pay because**  
 [CHECK ALL THAT APPLY]

I am no longer employed. I have not been employed since \_\_\_\_\_.  
PRINT DATE

I am earning less now than I was earning when the child support order was entered.  
 My current employer is \_\_\_\_\_.  
 I now earn \$ \_\_\_\_\_ per \_\_\_\_\_.

I am currently disabled and unable to work.

I am currently incarcerated and I state the following about my incarceration:

INMATE ID NUMBER \_\_\_\_\_  
 CASE NAME AND NUMBER \_\_\_\_\_  
 COURT NAME AND LOCATION \_\_\_\_\_  
 PLACE OF INCARCERATION \_\_\_\_\_  
 START DATE \_\_\_\_\_  
 ANTICIPATED END DATE \_\_\_\_\_

I am currently supporting my other child(ren) (through birth or adoption):

living in my home

CHILD'S NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____
_____	_____

through court-ordered child support payments:

CHILD'S NAME	DATE OF BIRTH	COURT NAME & CASE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The other parent is earning more than s/he was earning when the support order was entered.

The child(ren)'s expenses have changed in this way: \_\_\_\_\_  
\_\_\_\_\_

The following child(ren) is (are) not living with the other party:  
\_\_\_\_\_  
PRINT CHILD(REN)'S NAME(S)

The following child(ren) is (are) no longer living:  
\_\_\_\_\_  
PRINT CHILD(REN)'S NAME(S)

The following child(ren) is (are) over 21 years of age:  
\_\_\_\_\_  
PRINT CHILD(REN)'S NAME(S)

The following child(ren), although under 21 years of age, is (are) emancipated because of self-supporting employment, active military duty and/or marriage:  
\_\_\_\_\_  
PRINT CHILD(REN)'S NAME(S)

Application of the child support guideline to the current circumstances of the parents results in a presumptive child support order that varies from the current child support order by 15% or more.

There has been a change in the availability and/or cost of medical insurance for the child(ren).

Other:  
\_\_\_\_\_  
\_\_\_\_\_

**6. I state the following about Temporary Assistance to Needy Families (TANF):** [CHECK ONE]

I am  I am not currently receiving Temporary Assistance to Needy Families (TANF).

**7. I state the following about Medicaid and/or DC HealthCare Alliance:** [CHECK ONE]

I am  I am not currently receiving Medicaid and/or DC HealthCare Alliance.

## Request for Relief

**I RESPECTFULLY REQUEST that the Court** [CHECK ALL THAT APPLY]:

- Hold a hearing on this Motion within 45 days of filing and issue a Notice of Hearing and Order Directing Appearance (“NOHODA”) to the other party with the date and time of the hearing.
- DECREASE the child and/or medical support order according to the Child Support Guideline of the District of Columbia.
- INCREASE the child and/or medical support order according to the Child Support Guideline of the District of Columbia.
- SUSPEND the child and/or medical support order for a specific period of time.
- TERMINATE the child and/or medical support order.
- Other \_\_\_\_\_

**I ALSO REQUEST that the Court award any other relief it considers fair and proper.**

Respectfully Submitted,

\_\_\_\_\_  
SIGN YOUR NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

**SUBSTITUTE ADDRESS:** CHECK BOX IF YOU HAVE WRITTEN SOMEONE ELSE’S ADDRESS AND PHONE NUMBER BECAUSE YOU FEAR HARASSMENT OR HARM.

**POINTS AND AUTHORITIES IN SUPPORT OF  
MOTION TO MODIFY CHILD SUPPORT ORDER**

In support of this Motion, I respectfully refer the Court to:

1. D.C. SCR-Dom. Rel. R. 7(b) (2009).
2. D.C. Code §§ 16-916.01(r), 16-916.01(t) and 46-204(a) (2009).
3. The record in this case.
4. The attached supporting document(s), *if any*.

[LIST ANY DOCUMENTS THAT YOU ARE ATTACHING]

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**RULE 4 (a)(2) and DC CODE § 46-206  
CERTIFICATE OF SERVICE**

WHEN YOU FILE YOUR MOTION TO MODIFY, THE FAMILY COURT CENTRAL INTAKE CENTER WILL ISSUE A **NOTICE OF HEARING AND ORDER DIRECTING APPEARANCE (NOHODA)** THAT YOU MUST SERVE ON THE OTHER PARTY WITH A COPY OF YOUR MOTION.

YOU MUST SERVE THE OTHER PARTY BEFORE THE HEARING DATE GIVEN ON YOUR NOHODA.

HERE ARE THE WAYS YOU CAN SERVE THIS MOTION TO MODIFY AND THE NOHODA:

- **by having someone else**, who is over 18 years old and not a party to the case (NOT you), **hand it to the other party**; or
- **by having someone else**, who is over 18 years old and not a party to the case (NOT you), **leave a copy at the other party's home** with a person of suitable age and discretion who lives there; or
- **by having someone else**, who is over 18 years old and not a party to the case (NOT you), **leave a copy at the other party's workplace** with a person of suitable age and discretion; or
- **by mailing it to the other party** by certified mail, return receipt requested and by first-class mail on the same day.

IF THE RETURN RECEIPT ("GREEN CARD") COMES BACK TO YOU, AND IT IS SIGNED BY THE OTHER PARTY OR BY A PERSON OF SUITABLE AGE AND DISCRETION WHO LIVES WITH THE OTHER PARTY, FILE IT WITH THE FAMILY COURT CENTRAL INTAKE CENTER. IF THE RETURN RECEIPT ("GREEN CARD") DOES NOT COME BACK TO YOU, BUT THE FIRST-CLASS MAIL ALSO DOES NOT COME BACK TO YOU, THE SERVICE IS STILL OKAY.

**AFTER YOU SERVE THE OTHER PARTY, YOU MUST COMPLETE THE CERTIFICATE OF SERVICE PORTION FOUND AT THE BOTTOM OF THE NOHODA AND FILE IT WITH THE FAMILY COURT CENTRAL INTAKE CENTER.**