IMPORTANT INFORMATION REGARDING FILING A CHILD SUPPORT MODIFICATION REQUEST -PLEASE READ AND FOLLOW DIRECTIONS CAREFULLY!

- 1. The Marshall County Attorney's Office DOES NOT, in any capacity, represent you in this matter. We have merely provided you with a form to fill out if you choose to do so.
- 2. A Court will in almost all circumstances DENY a motion to modify a child support obligation unless the income amounts have changed to the point where the existing obligation would be increased or decreased by 15% or greater.
- 3. If you file a motion to modify, it is YOUR RESPONSIBILITY to gather and provide proof to the Court in support of your motion.
- 4. If you file a motion to modify and the Court believes your motion was filed in bad faith or that there was no basis for filing the motion, the Court can impose SANCTIONS upon you, which could include MONETARY FINES.
- 5. If you file a motion to modify, it is YOUR RESPONSIBILITY to get a date and time for your motion to be heard from the Marshall County Family Court. (270-527-2611)
- 6. If you file a motion to modify, it is YOUR RESPONSIBILITY to include with your motion ALL of the following attachments:
 - A. A fully completed child support guideline worksheet; (see blank form enclosed.)
 - B. Copies of your last 3 pay stubs OR, if self-employed, written proof of your current income;
 - C. Written documentation of all year-to-date income from all sources;
 - D. Copy of most recently filed federal AND state income tax returns;
 - E. Written documentation of cost of health insurance for the child(ren) involved and cost of daycare expenses.
- 7. If you file a motion to modify, it is YOUR RESPONSIBILITY to serve a copy of your motion, along with all of the other documentation (pay stubs, tax returns, etc.) on the Marshall County Attorney's Office and the opposing party AT LEAST Ten (10) days before the date of the hearing.

- 8. Your original motion must be filed in the Marshall Circuit Court Clerk's Office. (same place driver's license are issued)
- 9. Once again, you must understand that the Marshall County Attorney's Office DOES NOT represent you, and in some cases this office may appear and oppose (ask the Court to deny) your motion to modify.
- 10. YOUR FAILURE TO FOLLOW THESE DIRECTIONS CAN, AND MOST LIKELY WILL, RESULT IN THE COURT NOT CONSIDERING OR HEARING YOUR CASE!

COMMONWEALTH OF KENTUCKY MARSHALL FAMILY COURT CASE NO.

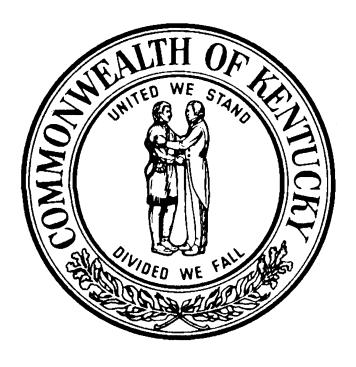
	CASE NO			
			PETITIONER	
v.				
			RESPONDENT	
My name is		, and I am <u>pro</u>	se requesting the Cou	ırt
to Review and/or Modify my ch	ild support obl	ligation. My curre	nt child support	
obligation is set at \$ pe	r month. The l	basis for my reques	st to modify is based	
upon the following circumstanc	es:			
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, 20 Court. You must file with the co completed child support guideling	, at the hour of ourt, at least 24 nes worksheet a	hours prior to the and copies of your	in the Marshall Family time of the hearing, a	y
		SIGN	ATURE	(3)

CERTIFICATE OF SERVICE

	at a copy of the foregoing was sent to the Marshall
County Attorney's Office at 80 Ju	idicial Drive, Unit #130, Benton, Kentucky 42025 and
to the opposing party in this actio	n at,
on this the day of	, 20
	SIGNATURE

COMMONWEALTH OF KENTUCKY

WORKSHEET FOR MONTHLY CHILD SUPPORT OBLIGATION





INSTRUCTIONS FOR USE

- 1. Enter each parent's gross monthly income [KRS 403.212(2)(a) through (d)]. Column A for custodial parent and Column B for noncustodial parent.
- 2. Enter the amount actually paid for court ordered maintenance for prior spouse(s) plus the amount of maintenance ordered in the current proceeding [KRS 403.212(2)(g)(1)] in the appropriate columns..
- 3. For each column, as appropriate, enter the amount of child support that is:
 - a. paid pursuant to a court/administrative order for prior-born children [KRS 403.212(2)(g)(2)];
 - b. paid, but not pursuant to a court/administrative order, for prior-born children for whom the parent is legally responsible [KRS 403.212(2)(g)(3)]; and
 - c. imputed for prior-born children residing with the parent [KRS 403.212(2)(g)(3)].
- 4. Subtract any amounts on lines 2 and 3 from the amounts on line 1, for each column, if the result is less than 0, enter 0.
- 5. Add the amounts on line 4 in columns A and B to obtain the combined monthly adjusted parental gross income.
- 6. Divide each of the amounts on line 4A and 4B by the total amount on line 5C. Enter the percentages. [NOTE: If the noncustodial parent (NCP) has 100% of the combined monthly adjusted parental gross income, use the CS-71.1 to calculate the child support obligation. KRS 403.211(7)(b) provides a reduction in gross income for the entire amount of health insurance premiums incurred for the child(ren) when a parent has 100% of the combined monthly adjusted parental gross income.]
- 7. Determine the base support obligation by referring to the Guidelines Table at the end of the form, using the combined monthly adjusted parental gross income as entered on line 5C and the number of children for whom the parents share a joint legal responsibility [KRS 403.212(7)].
- 8. Enter the monthly payment for child care costs [KRS 403.211(6)].
- 9. Enter the monthly payment for the child(ren)'s health insurance premium or cash medical support[KRS 403.211(7)(a)].
- 10. Add lines 7, 8 and 9 in column C. This is the total monthly child support obligation.
- 11. Multiply line 10C by 6A and 6B for the monthly obligation of each parent. These amounts include each parent's share of child care costs and health insurance premium costs if these costs were included on lines 8C or 9C.
- 12. If the NCP pays either of the amounts listed on lines 8C or 9C to the provider, enter that amount on line 12. If the NCP pays both of these amounts, add these amounts together and enter the total on line 12B. [NOTE: If the NCP is paying 100 percent of either or both of these costs, then the NCP subtracts this amount from his/her monthly obligation, which reduces the amount he/she pays to the custodial parent (CP). Subtracting 100 percent includes the NCP's percentage of these expenses and also compensates the NCP for paying the CP's percentage of these costs].
- 13. Subtract line 12B from line 11B and enter the amount. This is the amount the NCP pays to the CP. To calculate a weekly amount, multiply line 13 by 12 and divide by 52.

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CASE NAME: _	 FILE NUMBER:	
	COUNTY:	

COMMONWEALTH OF KENTUCKY WORKSHEET FOR MONTHLY CHILD SUPPORT OBLIGATION										
	A. Custodial Parent (CP)	B. Noncustodial Parent (NCP)	C. Both Parents							
Monthly gross income	\$	\$								
2. Deduction for maintenance payments	\$	\$								
3. Deduction for other child support for prior-born children	\$	\$								
4. Adjusted monthly income	\$	\$								
5. Combined monthly adjusted parental gross income			\$							
6. Percentage of combined monthly adjusted parental gross income	%	%								
7. Base monthly support			\$							
8. Child care costs			\$							
9. Child(ren)'s health insurance premium or cash medical support			\$							
10. Total child support obligation			\$							
11. Each parent's monthly child support obligation	\$	\$								
12. Subtract child care costs or health insurance premiums paid by NCP to the provider		\$								
13. Amount the NCP pays to the CP		\$								

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	1,700 1,800	308	458 478	574 599	647 675	706 736	755 788	9,100 9,200 2,200	971 975	1,463 1,470	1,833 1,842	2,061 2,071	2,251 2,261	. 2,408 2,419
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	2,200 2,200 2,400	389 401	563 580	706 727	795 819	868 894	928 956	9,700 9,800	996 1,000	1,502 1,503	1,883 1,893	2,11? 2,12.	2,331 2,321	2,472 ° 2,483
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	2,600 2,900 2,000	455 455	652 677	829 849	934 956	1,019 1,043	1,090 1,116	10,600 10,700	1,036 1,040	1,561 1,567	1,956 1,965	2,230 2,240	2,402 2,412	2,5-57 2,578
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	3,900 4,000	559 _# 571	826 844	1,033 1,056	1,164 1,190	1,270 1,298	1,359 1,388	11,690 11,700	1,079 1,034	1,526 1,633	2,037 2,046	2,323 2,333 2,342	2,503 2,513	2,673 2,684
	4,100 4,200 4,200	580 592	852 . 880	1,078 .1,101	1,215 1,240	1,326 1,353	1,418 1,448	11,800 11,900	1,088	1,639 1,646	2,054 2,051	2.351	2,523 2,533	2,695 2,705
	4,300 4,400	603 615	898 916	1,123 1,145	1,266 1,291	1,381 1,409	1,477 1,507	12,000 12,100 12,200	1,097 1,102	1,653 1,659	2,070 2,078	2,351 2,371	2,544 2,554	2,716 2,726
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	5,300 5,400	705 714	1,054 1,069		1,486	1,621	1,757 1,781	13,100 13,200	1,141 1,146	1,719 1,725	2,151 2,159	2,463	2,665	2,832 2,843
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	5,700 5,800	743 753	1,113 1,127	1,403	1,589	1,712 1,734 1,757	1,853	13,500 13,600	1,158 1,163	1,745 1,751 .	2,183	2,503	2,695 2,705	2,875 2,885
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