

IN THE CIRCUIT COURT OF _____, MISSOURI
(County where court is located. City of Saint Louis is considered a county.)

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Petitioner, (Enter full legal name of the person who filed the original petition)

v.

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Respondent. (Enter full legal name of the person who responded to the original petition)

Case Number _____
(Enter the case number of the judgment you want to change)

Division Number _____

Motion to Modify Child Support

This form is to modify child support only. This motion will not allow the court to change custody or visitation with the children. To ask the court to change both custody and child support, see the *Motion to Modify Child Custody and Support*.

You must prepare and calculate a Form 14 to file with this *Motion*. The Form 14 is a form used to calculate the presumed amount of child support.

If you feel you do not have the knowledge or the information needed to ask for a change in your child support order, there may be another option. The Missouri Family Support Division provides child support modification services to those who request and qualify for its services. For more information about how to request a review of your child support order through the Family Support Division, go to <http://dss.mo.gov/child-support/apply-for-child-support-services.htm>.

Information about the Last Child Support Judgment

1. Did you file the original petition in this matter? (Check one of the two boxes)

- Yes, I did. (I am Petitioner/Plaintiff)
 No, the other parent did. (I am Respondent/Defendant)

2. What is the date of the last child support judgment? _____
(mm/dd/yyyy)

3. List the children included in the last child support judgment:

a. _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

b. _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

c. _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III) (Child's Age)

d. _____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (Jr./Sr./III) _____ (Child's Age)

e. _____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (Jr./Sr./III) _____ (Child's Age)

f. _____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (Jr./Sr./III) _____ (Child's Age)

4. Who was ordered to pay child support? (Check one of the four boxes)

- I was ordered to pay child support.
- The other parent was ordered to pay child support.
- Neither parent was ordered to pay child support.
- The judgment did not mention child support.

5. How did the court decide how much child support to order? (Check one of the five boxes)

- The court ordered the amount listed in the Form 14.
- The court ordered an amount agreed to by the parents that was different from the Form 14 amount.
- The court ordered an amount different from the Form 14 amount, but the parents did not have an agreement on child support.
- The court did not order either parent to pay child support.
- I don't know.

6. If the court ordered a child support amount that was different from the Form 14 amount, state the reason why. (Check one of the four boxes)

- I don't know.
- Because the parents reached an agreement for a different amount. The parents agreed to a different amount because

_____ .

- The court decided to order a different amount on its own because

_____ .

- The court ordered the Form 14 amount so this question does not apply to my case.

Your Information

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
(Enter your full legal name on the lines above)

7. What is your mailing address?

The address you provide is the address at which you will receive all mail from the court and the other parent regarding this case. If you move during the time this case is pending, you must send a letter to the court notifying it of your new address. This address is not necessarily the same as the address at which you live. If you do not wish to give the address at which you live, you **must** still give the court and the other parent a mailing address. Because court actions are a matter of public record, the address you list will be available to the public.

(Street)

(City) (State) (Zip)

(Telephone Number with Area Code) (E-mail Address Optional)

8. What are the last four numbers of your social security number?

XXX-XX- _____

9. Are you over the age of eighteen? (Check one of the two boxes)

Yes No

10. I live in the United States another country, which is _____.

11. I live in Missouri another state, which is _____.

12. I live in the county of _____.

City of Saint Louis is considered a county. If you live in the city of Saint Louis, you should write "Saint Louis city" in the blank.

13. What is your current employment status? (Check one of the three boxes)

Employed Unemployed Self-employed

14. If you are employed or self-employed, where do you currently work?

If you are self-employed, enter a brief description of the type of work you perform such as "Landscaping" or "Day care" on the line for the name of your employer. If you are self-employed, you should also enter the address information for your self-employment.

(Employer's name or type of self-employment)

(Street)

(City) (State) (Zip)

Information about the Other Parent

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
(Enter the full legal name of the other parent on the lines above)

15. What is the other parent's mailing address?

This is the address that the court will use to send information about your case to the other parent. If you do not know the other parent's current address, you should enter their last known address.

(Street)

(City)

(State)

(Zip)

(Telephone Number with Area Code) (E-mail Address - Optional)

16. What are the last four numbers of the other parent's social security number?

Do not leave this answer blank. If you do not know the other parent's social security number, enter "Unknown" in this answer.

XXX-XX- _____

17. Is the other parent over the age of eighteen? (Check one of the two boxes)

Yes No

18. The other parent lives in the United States another country, which is _____

19. The other parent lives in Missouri another state, which is _____

20. The other parent lives in the county of _____

City of Saint Louis is considered a county. If Respondent lives in the city of Saint Louis, you should write "Saint Louis city" in the blank.

21. The other parent is currently employed unemployed self-employed employment unknown. (Check one of the four boxes)

22. If the other parent is employed or self-employed, where do they currently work?

If the other parent is self-employed, enter a brief description of the type of work they perform, such as "Landscaping" or "Day care," on the line for the name of the employer. If the other parent is self-employed you should also enter the address information for their self-employment.

(Employer's name or type of self-employment)

(Street)

(City)

(State)

(Zip)

23. The other parent is is **not** on active duty in the military. (Check "is" or "is not")

If the other parent is on active duty in the armed forces of the United States, the Servicemembers Civil Relief Act (SCRA) may prevent you from getting a judgment without the other parent's consent. You should contact a lawyer about this situation prior to filing this *Motion*.

24. Do any of the children listed in this *Motion* currently receive Temporary Assistance for Needy Families (TANF) benefits through the Family Support Division, or have they received TANF benefits in the past? (Check one of the two boxes)

Yes No

If yes, you must serve the Family Support Division with a copy of your *Motion to Modify Child Support* and other forms filed with this *Motion*. Instructions on how to serve the Family Support Division are listed on page 9 of this *Motion*.

Changes You Want the Court to Make to Your Child Support Judgment

25. Check all of the following changes you would like the court to make to your child support and medical support orders:

- Lower the monthly amount of child support paid.
- Raise the monthly amount of child support paid.
- Change the order that deals with medical or dental insurance for the child(ren).
- Change the order that deals with work-related child care costs.

26. Why are you asking this court to make the changes you listed in question 25?

27. What circumstances have changed since this court entered its last child support judgment?

28. The Presumed (Form 14) Amount of Child Support

You must complete the Form 14 included with this *Motion*. Read the directions carefully. The directions to the Form 14 are available at <https://www.selfrepresent.mo.gov/file.jsp?id=114614>. To complete the Form 14, you will need information about each parent's income, expenses related to the child(ren) and overnight visits exercised by each parent and **ordered** by the court.

The Form 14 instructions are available on the Representing Yourself website.

Are you asking the court to order child support in the amount shown on the Form 14 included with this *Motion*? (Check one of the two boxes)

- Yes.
- No. The amount I want the court to order in child support is different from the Form 14.

The amount I want the court to order is _____ per month.
(Amount Requested)

State the reason why you believe the Form 14 amount of child support would be unjust and inappropriate.

29. Medical Insurance

Choose one of the following options related to medical insurance for the child(ren):

- I am not requesting a change in the medical insurance order related to the children.
- I want the court to order me to maintain and pay the cost of medical insurance for the benefit of the child(ren).
- I want the court to order the other parent to maintain and pay the cost of medical insurance for the benefit of the child(ren).
- Other:

30. Dental Insurance

Choose one of the following options related to dental insurance for the child(ren):

- I am not requesting a change in the dental insurance order related to the children.
- I want the court to order me to maintain and pay the cost of dental insurance for the benefit of the child(ren).
- I want the court to order the other parent to maintain and pay the cost of dental insurance for the benefit of the child(ren).
- Other:

31. Work-Related Childcare Costs

Choose one of the following options related to work-related childcare costs for the child(ren):

- I am not requesting a change in the order for payment of work-related childcare costs.
- I want the court to order me to pay _____ percent of work-related childcare costs and to order the other parent to pay _____ percent of work-related childcare costs.
- We no longer need an order for payment of work-related childcare costs.
- Other:

32. Describe any additional orders you would like the court to consider related to support of the child(ren):

Request for Relief

I want the court to do the following: *(Check all that apply)*

- Change support orders for the child(ren) as described in this *Motion*.
- Other

Directions for Service on the Other Parent (Enter the name of the other parent on the lines below)

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

If you do not know the location of the other parent and you have no way of contacting them, you must attempt to serve them at their last known address or place of employment.

Check one of the following service options:

- The other parent has signed a verified *Answer to Motion to Modify Child Support* which is being filed with the *Motion to Modify Child Support*. Therefore, do not issue a summons.
If you check this box, you must file the *Answer to Motion to Modify Child Support* at the same time you file this *Motion*. The *Answer* must be signed by the other parent in front of a notary public.

- The other parent should be served with a summons at their home:
The other parent must be served within 30 days of the issuance of the summons. **If you are going to have the other parent served, you must file another copy of all your documents in this case to be served on the other parent.**

(Street)

(City) (State) (Zip)

- The other parent should be served with a summons at their place of employment:
The other parent must be served within 30 days of the issuance of the summons. **If you are going to have the other parent served, you must file another copy of all your documents in this case to be served on the other parent.**

(Employer's Name) (Hours of Employment)

(Street)

(City) (State) (Zip)

- The other parent cannot be served in Missouri. Therefore, service by registered mail is requested. A copy of the *Affidavit for Service by Mail* is attached to this form. See Missouri Supreme Court Rule 54.12(b).

If you request a summons to be served outside of the county where you filed this *Motion*, the court may require you to deliver the summons to the sheriff of the county where the summons will be served. You must also pay the appropriate service fee to that sheriff. For further instructions, please contact the circuit clerk in the county where your *Motion* is filed.

Service on Family Support Division (if necessary)

If any of the children listed in this *Motion* receive or have received Temporary Assistance for Needy Families (TANF) benefits, you must serve the Family Support Division with a copy of your *Motion* and *Form 14*.

- The child(ren) receive, or have received in the past, TANF benefits through the Family Support Division. The Family Support Division shall be served **by certified mail at:**

Director, Family Support Division
615 Howerton Court
Jefferson City, Missouri 65102

You must file the certified mail receipt with the court.

Sign Below in the Presence of a Notary Public

Your *Motion to Modify Child Support* is required to be verified in the presence of a notary public.

_____, of lawful age, being duly sworn on his or her oath, states that he or she is the person named above and that the facts stated in the *Motion to Modify Child Support* are true according to his or her best knowledge, information and belief.

▶ _____ (Sign above in the presence of a Notary Public) _____ (Print your name above)

The following information must be completed by a notary public.

STATE OF _____)
) SS
COUNTY OF _____)

On this _____ day of _____, 20_____, before me personally appeared _____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

_____, Notary Public
_____ County, State of Missouri

My commission expires: _____

Attorney Information

This information may be completed by your attorney. Do not enter any information here if you are filing this case without the assistance of an attorney.

I have assisted _____ in the preparation of these pleadings, but I am not entering my appearance on behalf of the person listed above.

(Attorney - Sign above)

(Missouri Bar Number)

(Attorney - Print your name above)

(Street)

(City)

(State)

(Zip)

(Telephone Number with Area Code)

(Fax Number with Area Code)

(E-mail Address - Optional)

FORM NO. 14 CHILD SUPPORT AMOUNT CALCULATION WORKSHEET

| <input type="checkbox"/> Respondent / <input type="checkbox"/> Petitioner is the "Parent Paying Support" Total Number of Children: _____ | PARENT RECEIVING SUPPORT | PARENT PAYING SUPPORT | COMBINED |
|--|--------------------------|-----------------------|----------|
| 1. MONTHLY GROSS INCOME | | | |
| 1a. Monthly court-ordered maintenance being received | | | |
| 2. ADJUSTMENTS | | | |
| 2a. Other monthly child support pursuant to court or administrative order | | | |
| 2b. Monthly court-ordered maintenance being paid | | | |
| 2c. Monthly support obligation for other children. | | | |
| (1) Number of other children primarily residing in each parent's custody | | | |
| (2) Each parent's support obligation from support schedule using the parent's Line 1 monthly gross income | | | |
| (3) Monthly child support received under court or administrative order for children included in line 2c(1) | | | |
| 2c. TOTAL adjustment [Line 2c(2) minus Line 2c(3)] | | | |
| 3. ADJUSTED MONTHLY GROSS INCOME (sum of lines 1 and 1a, minus lines 2a, 2b and 2c). | | | |
| 4. PROPORTIONATE SHARE OF COMBINED ADJUSTED MONTHLY GROSS INCOME (Each parent's line 3 income divided by combined line 3 income). | | | |
| 5. BASIC CHILD SUPPORT AMOUNT (From support chart using combined line 3 income). | | | |
| 6. ADDITIONAL CHILD-REARING COSTS OF PARENTS | | | |
| 6a. Child Care Costs of Parent Receiving Support | | | |
| (1) Reasonable work-related child care costs of the parent receiving support. | | | |
| (2) Child Care Tax Credit (See Form 14 Directions) | | | |
| 6a. TOTAL adjusted Child Care Costs [Line 6a(1) minus Line 6a(2)] | | | |
| 6b. Reasonable work-related child care costs of the parent paying support | | | |
| 6c. Health insurance costs for the children who are subjects of this proceeding | | | |
| 6d. Uninsured agreed-upon or court-ordered extraordinary medical costs | | | |
| 6e. Other agreed-upon or court-ordered extraordinary child-rearing costs | | | |
| 7. TOTAL ADDITIONAL CHILD-REARING COSTS (Enter sum of lines 6a, 6b, 6c, 6d and 6e). | | | |
| 8. TOTAL COMBINED CHILD SUPPORT COSTS (Sum of line 5 and line 7). | | | |
| 9. EACH PARENT'S SUPPORT OBLIGATION (Multiply line 8 by each parent's line 4) | | | |
| 10. CREDIT FOR ADDITIONAL CHILD-REARING COSTS (Line 7 of parent paying support). | | | |
| 11. ADJUSTMENT FOR A PORTION OF AMOUNTS EXPENDED BY THE PARENT OBLIGATED TO PAY SUPPORT DURING PERIODS OF OVERNIGHT VISITATION OR CUSTODY. (See Form 14 Directions) (Multiply line 5 by _____ %). | | | |
| 12. PRESUMED CHILD SUPPORT AMOUNT (Line 9 minus lines 10 and 11). | | | |

| Combined Adjusted Gross Income | One Child | Two Children | Three Children | Four Children | Five Children | Six Children |
|--------------------------------|-----------|--------------|----------------|---------------|---------------|--------------|
| 26350 | 2328 | 3493 | 4162 | 4649 | 5114 | 5559 |
| 26400 | 2331 | 3498 | 4169 | 4657 | 5122 | 5568 |
| 26450 | 2333 | 3503 | 4175 | 4664 | 5130 | 5577 |
| 26500 | 2336 | 3508 | 4182 | 4671 | 5139 | 5586 |
| 26550 | 2339 | 3513 | 4189 | 4679 | 5147 | 5594 |
| 26600 | 2342 | 3517 | 4195 | 4686 | 5155 | 5603 |
| 26650 | 2345 | 3522 | 4202 | 4694 | 5163 | 5612 |
| 26700 | 2348 | 3527 | 4209 | 4701 | 5171 | 5621 |
| 26750 | 2351 | 3532 | 4215 | 4708 | 5179 | 5630 |
| 26800 | 2353 | 3537 | 4222 | 4716 | 5187 | 5639 |
| 26850 | 2356 | 3542 | 4229 | 4723 | 5196 | 5648 |
| 26900 | 2359 | 3547 | 4235 | 4731 | 5204 | 5656 |
| 26950 | 2362 | 3552 | 4242 | 4738 | 5212 | 5665 |
| 27000 | 2365 | 3557 | 4248 | 4745 | 5220 | 5674 |
| 27050 | 2368 | 3562 | 4255 | 4753 | 5228 | 5683 |
| 27100 | 2371 | 3567 | 4262 | 4760 | 5236 | 5692 |
| 27150 | 2373 | 3572 | 4268 | 4768 | 5244 | 5701 |
| 27200 | 2376 | 3576 | 4275 | 4775 | 5253 | 5710 |
| 27250 | 2379 | 3581 | 4282 | 4783 | 5261 | 5718 |
| 27300 | 2382 | 3586 | 4288 | 4790 | 5269 | 5727 |
| 27350 | 2385 | 3591 | 4295 | 4797 | 5277 | 5736 |
| 27400 | 2388 | 3596 | 4301 | 4805 | 5285 | 5745 |
| 27450 | 2391 | 3601 | 4308 | 4812 | 5293 | 5754 |
| 27500 | 2393 | 3606 | 4315 | 4820 | 5301 | 5763 |
| 27550 | 2396 | 3611 | 4321 | 4827 | 5310 | 5772 |
| 27600 | 2399 | 3616 | 4328 | 4834 | 5318 | 5780 |
| 27650 | 2402 | 3621 | 4335 | 4842 | 5326 | 5789 |
| 27700 | 2405 | 3626 | 4341 | 4849 | 5334 | 5798 |
| 27750 | 2408 | 3631 | 4348 | 4857 | 5342 | 5807 |
| 27800 | 2411 | 3635 | 4354 | 4864 | 5350 | 5816 |
| 27850 | 2413 | 3640 | 4361 | 4871 | 5359 | 5825 |
| 27900 | 2416 | 3645 | 4368 | 4879 | 5367 | 5834 |
| 27950 | 2419 | 3650 | 4374 | 4886 | 5375 | 5842 |
| 28000 | 2422 | 3655 | 4381 | 4894 | 5383 | 5851 |
| 28050 | 2425 | 3660 | 4388 | 4901 | 5391 | 5860 |
| 28100 | 2428 | 3665 | 4394 | 4908 | 5399 | 5869 |
| 28150 | 2431 | 3670 | 4401 | 4916 | 5407 | 5878 |
| 28200 | 2434 | 3675 | 4408 | 4923 | 5416 | 5887 |
| 28250 | 2436 | 3680 | 4414 | 4931 | 5424 | 5896 |
| 28300 | 2439 | 3685 | 4421 | 4938 | 5432 | 5904 |
| 28350 | 2442 | 3690 | 4427 | 4945 | 5440 | 5913 |
| 28400 | 2445 | 3694 | 4434 | 4953 | 5448 | 5922 |
| 28450 | 2448 | 3699 | 4441 | 4960 | 5456 | 5931 |
| 28500 | 2451 | 3704 | 4447 | 4968 | 5464 | 5940 |
| 28550 | 2454 | 3709 | 4454 | 4975 | 5473 | 5949 |
| 28600 | 2456 | 3714 | 4461 | 4982 | 5481 | 5958 |
| 28650 | 2459 | 3719 | 4467 | 4990 | 5489 | 5966 |
| 28700 | 2462 | 3724 | 4474 | 4997 | 5497 | 5975 |
| 28750 | 2465 | 3729 | 4480 | 5005 | 5505 | 5984 |
| 28800 | 2468 | 3734 | 4487 | 5012 | 5513 | 5993 |
| 28850 | 2471 | 3739 | 4494 | 5019 | 5521 | 6002 |
| 28900 | 2474 | 3744 | 4500 | 5027 | 5530 | 6011 |
| 28950 | 2476 | 3749 | 4507 | 5034 | 5538 | 6020 |
| 29000 | 2479 | 3753 | 4514 | 5042 | 5546 | 6028 |
| 29050 | 2482 | 3758 | 4520 | 5049 | 5554 | 6037 |
| 29100 | 2485 | 3763 | 4527 | 5057 | 5562 | 6046 |
| 29150 | 2488 | 3768 | 4533 | 5064 | 5570 | 6055 |
| 29200 | 2491 | 3773 | 4540 | 5071 | 5578 | 6064 |
| 29250 | 2494 | 3778 | 4547 | 5079 | 5587 | 6073 |
| 29300 | 2496 | 3783 | 4553 | 5086 | 5595 | 6081 |
| 29350 | 2499 | 3788 | 4560 | 5094 | 5603 | 6090 |
| 29400 | 2502 | 3793 | 4567 | 5101 | 5611 | 6099 |
| 29450 | 2505 | 3798 | 4573 | 5108 | 5619 | 6108 |
| 29500 | 2508 | 3803 | 4580 | 5116 | 5627 | 6117 |

| Combined Adjusted Gross Income | One Child | Two Children | Three Children | Four Children | Five Children | Six Children |
|--------------------------------|-----------|--------------|----------------|---------------|---------------|--------------|
| 29550 | 2511 | 3808 | 4587 | 5123 | 5635 | 6126 |
| 29600 | 2514 | 3812 | 4593 | 5131 | 5644 | 6135 |
| 29650 | 2516 | 3817 | 4600 | 5138 | 5652 | 6143 |
| 29700 | 2519 | 3822 | 4606 | 5145 | 5660 | 6152 |
| 29750 | 2522 | 3827 | 4613 | 5153 | 5668 | 6161 |
| 29800 | 2525 | 3832 | 4620 | 5160 | 5676 | 6170 |
| 29850 | 2528 | 3837 | 4626 | 5168 | 5684 | 6179 |
| 29900 | 2531 | 3842 | 4633 | 5175 | 5692 | 6188 |
| 29950 | 2534 | 3847 | 4640 | 5182 | 5701 | 6197 |
| 30000 | 2537 | 3852 | 4646 | 5190 | 5709 | 6205 |

| Child Care Tax Credit Table ¹ | | | |
|--|--------------|----------------|---------------------|
| | Tax Credit % | Tax Credit For | |
| | | One Child | More than One Child |
| Gross Monthly Income of Parent Entitled to Receive Support | | \$250.00 | \$500.00 |
| \$0 to 1,250 | .35 | \$88 | \$175 |
| 1,251 to 1,416 | .34 | 85 | 170 |
| 1,417 to 1,583 | .33 | 83 | 165 |
| 1,584 to 1,750 | .32 | 80 | 160 |
| 1,751 to 1,916 | .31 | 78 | 155 |
| 1,917 to 2,083 | .30 | 75 | 150 |
| 2,084 to 2,250 | .29 | 74 | 145 |
| 2,251 to 2,416 | .28 | 70 | 140 |
| 2,417 to 2,583 | .27 | 68 | 135 |
| 2,584 to 2,750 | .26 | 65 | 130 |
| 2,751 to 2,916 | .25 | 63 | 125 |
| 2,917 to 3,083 | .24 | 60 | 120 |
| 3,084 to 3,250 | .23 | 58 | 115 |
| 3,251 to 3,416 | .22 | 55 | 110 |
| 3,417 to 3,583 | .21 | 53 | 105 |
| 3,583 or above | .20 | 50 | 100 |

¹ Form 2441, Internal Revenue Service (2015)

| Line 11 Adjustment | |
|----------------------|------------|
| Number of Overnights | Adjustment |
| Less than 36 | 0% |
| 36-72 | 6% |
| 73-91 | 9% |
| 92-109 | 10% |
| 110-115 | 13% |
| 116-119 | 15% |
| 120-125 | 17% |
| 126-130 | 20% |
| 131-136 | 23% |
| 137-141 | 25% |
| 142-147 | 27% |
| 148-152 | 28% |
| 153-158 | 29% |
| 159-164 | 30% |
| 165-170 | 31% |
| 171-175 | 32% |
| 176-180 | 33% |
| 181-183 | 34% |

Area above double line in the first column on the first page is drawn below the income level that represents the self-support reserve.

| | One Child | Two Children | Three Children | Four Children | Five Children | Six Children |
|----------------------|-----------|--------------|----------------|---------------|---------------|--------------|
| Self Support Reserve | 1400 | 1700 | 1900 | 2100 | 2350 | 2550 |

Effective 04/05/2022

Area above double line in the first column on the first page is drawn below the income level that represents the self-support reserve.

| | One Child | Two Children | Three Children | Four Children | Five Children | Six Children |
|----------------------|-----------|--------------|----------------|---------------|---------------|--------------|
| Self Support Reserve | 1450 | 1800 | 2100 | 2350 | 2650 | 3000 |