

MOTION TO MODIFY CHILD SUPPORT

FORMS

Do not file this document with the court.

MOTION TO MODIFY CHILD SUPPORT FORMS

(These forms shall be used by a person who wants to change a judgment for child support.)

Introduction

These forms are available to you at no cost on the Representing Yourself website. Some courts may provide paper copies of these forms for a fee. Only a lawyer may charge you a fee for preparing these forms. You are required to complete the Litigant Awareness Program on selfrepresent.mo.gov before preparing these forms. Your local court may also have other educational programs available to help you in the preparation of these forms.

General Information about Forms

The forms must be downloaded with Adobe Acrobat Reader or Adobe Acrobat DC to save the information you enter. Adobe Acrobat Reader DC is available for free from the Adobe website. Save the forms before you begin entering information. After you have filled in the forms on your computer, save the information and print the forms to file them with the court.

If you are working on a public computer, **don't save your personal information on the public computer**. Use a USB memory stick or other removable device.

The forms listed below are interactive. If you fill in the forms on your computer, some of the information you enter on one line may automatically transfer to another line. The forms also contain bookmarks that help you to navigate through the forms. In addition, there are "links" embedded in the forms. These links are usually blue and can take you to a related location in the forms or to a related website.

Most documents that are filed with the court can be seen by anyone online. Some information on documents is considered confidential and **must** be removed or hidden.

► If you are filing a document with the court YOU must be aware of what information is considered confidential.

What is confidential information?

Confidential information often used in family court matters can include information listed in Court Operating Rule 2.02(c). This is not a complete list. If you are filing attachments to any forms from this website, confidential information might be on those documents also.

► YOU are responsible for redacting (removing) information you are filing with the court that is confidential.

How do I remove information?

Redact means to remove or hide information listed on a document before you file it with the court. Below are two ways you can redact confidential information:

Option One

- 1) Fill out your documents completely (including confidential information).
- 2) Make a copy of all documents that have confidential information.
- 3) Go through the **copied** documents and black out or white out any confidential information.

Option Two

- 1) Fill out your documents using generic descriptions for any confidential information you do not want to provide. For example, use initials or "Child One" instead of the full name of a child.

If you remove any information, you are required to show the court what you removed when you complete the *Confidential Case Filing Information Sheet* (F110). Do not redact the *Confidential Case Filing Information Sheet* (F110) or the *Redaction Certification* form (GN320).

► **YOU must confirm you have followed the rules for redaction.**

How do I do this?

After you have done option one or two above, confirm you have followed the rules by filling out the *Redaction Certification* form (GN320). You have to fill out this form even if you did not remove any information.

► **YOU must file with the court all unredacted and redacted documents and the *Redaction Certification* form (GN320).**

► **IF you think SOMEONE HAS NOT CORRECTLY REDACTED INFORMATION**, file the *Motion to Correct Redaction* form (GN325) to bring it to the attention of the court. The form is available from the Home page of this website under *Approved Court Forms*.

The person who filed the original petition in the case you want to change is the Petitioner. The person who was listed as the Respondent in the original petition in the case you want to change is still the Respondent in the Motion to Modify.

What do I need to do?

1. Complete the Litigant Awareness Program on selfrepresent.mo.gov. Upon completion, print your Certificate of completion of the Litigant Awareness Program.
2. Completely and fully fill out the following forms.
 1. **Confidential Case Filing Information Sheet (Form FI-10)**
This form is required by most courts to enter the information about your case into the court's computer system.
 2. **Redaction Certification (Form GN320)**
The filer certifies that all documents in this submission for filing with the court comply with all redaction requirements of Court Operating Rule 2.
 3. **Motion to Modify Child Support (Form CAFC102)**
A Form 14, used to calculate the presumed amount of child support, is included with this form. Directions for using the Form 14 are available at <https://www.courts.mo.gov/file.jsp?id=114614>.
 4. **Statement of Income and Expenses (For use in Modification Cases) (Form CAFC150)**
This form requires you to list income and expenses for both you and the other parent.
 5. **Statement of Property and Debt (For use in Modification Cases) (Form CAFC140)**
This form requires you to list your property and debt.
 6. **Answer to Motion to Modify Child Support (Form CAFC112-R)**
The other parent may complete this form in response to your motion. A respondent may file this answer with the court if they do not want to be personally served with your motion. By signing this form, the other parent is allowing the court to decide your case. The other parent may also use this form to disagree with your statements on your forms.
 7. **Notice of Hearing (Form CAFC721)**
In Missouri, the circuit court keeps its schedule of hearings, called the docket. Some circuits require a pretrial hearing, case management, or settlement conference before the final hearing. In some circuits, a litigant will not be placed on the docket automatically, but will need to request a hearing to get on the docket. You should check with your local court to determine how your court schedules its docket.

8. Judgment for Modification of Child Support (Form CAFC172)

This is the proposed judgment you will offer to the court. Different courts handle the preparation of the judgment in different ways. In some courts, the judge will direct you to prepare a judgment, and in other courts, the judge will prepare the judgment.

3. File the following original, signed forms with the court. **As shown below, you may need to file more than one copy of certain forms.** You should file the forms in the same circuit court where the original Judgment was entered.

	Original	Copy of Original for Other Party	Redacted Version (if applicable)
<i>Confidential Case Filing Information Sheet</i>	X		
<i>Redaction Certification</i>	X	X	
<i>Motion to Modify Child Support</i>	X	X	X
<i>Statement of Income and Expenses (For use in Modification Cases)</i>	X	X	X
<i>Statement of Property and Debt (For use in Modification Cases)</i>	X	X	X
<i>Family Court Cover Sheet, if it applies (Check with the court where you file these forms.)</i>	X	X	X
<i>Notice of Hearing</i>	X	X	X
<i>Judgment for Modification of Child Support</i>	X	X	X
<i>Certificate of completion of Litigant Awareness Program</i>	X		

4. You must pay the required filing fee. Check with the circuit court where the original *Judgment* was entered to determine amounts due.
5. Unless the other parent completes and files the *Answer to Motion to Modify Child Support* before being served, you must file a copy of all of the forms listed above with the court. The copies will be used to personally serve the other parent with the forms.
6. If the other parent completes and files the *Answer to Motion to Modify Child Support* before being served, you must provide the other parent with a copy of all the forms, except the Confidential Case Filing Information Sheet.
7. You should also keep a copy of these forms for your records.
8. You should check with the court clerk where you are filing to see if additional forms are required.



****FOR COURT USE ONLY****
Confidential Case Filing Information Sheet – Domestic Relations Cases
Required at Time of Filing Petition and with an Answer

Filing Date: _____ County/City of St. Louis: _____

Style of Case: _____

(i.e., Petitioner v. Respondent.)

Case Type Code: _____ Case Type Description: _____

Petitioner Information:

Party Type Code and Description: (Select one)

A list of party types can be found at www.courts.mo.gov on the Court Forms/Filing Information page.

PETP Party Type Description: Petitioner Acting Pro Se (with no attorney)

PET Party Type Description: Petitioner (with attorney)

_____ Party Type Description: _____

Name: (Last) _____ (First) _____

(Middle) _____ (Suffix) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Race and Ethnicity: (Select one or more) American Indian or Alaska Native Asian

Black or African American Native Hawaiian or other Pacific Islander White

Hispanic or Latino Middle Eastern or North African (MENA) Other Unknown

Race & Ethnicity Source: (Select one) Petitioner Respondent Court

Law Enforcement Jail Department of Corrections/Probation and Parole

Another State Agency Driver's License Unknown

Race & Ethnicity is self-identified observed/perceived. (Select one)

Attorney Name (if represented by counsel): _____

Bar ID: _____ Party Type Code: _____

Respondent Information:

Party Type Code and Description: (Select one)

A list of party types can be found at www.courts.mo.gov on the Court Forms/Filing Information page. **RESP** Party Type Description: Respondent Acting Pro Se (with no attorney) **RES** Party Type Description: Respondent (with attorney) _____ Party Type Description: _____Name: (Last) _____ (First) _____
(Middle) _____ (Suffix) _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Date of Birth: _____ Sex: Male Female SSN: _____Race and Ethnicity: (Select one or more) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or other Pacific Islander White
 Hispanic or Latino Middle Eastern or North African (MENA) Other UnknownRace & Ethnicity Source: (Select one) Petitioner Respondent Court
 Law Enforcement Jail Department of Corrections/Probation and Parole
 Another State Agency Driver's License UnknownRace & Ethnicity is self-identified observed/perceived. (Select one)

Attorney Name (if represented by counsel): _____

Bar ID: _____ Party Type Code: _____

Additional Parties:

Party Type Code: _____ Party Type Description: _____

Name: (Last) _____ (First) _____
(Middle) _____ (Suffix) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Race and Ethnicity: (Select one or more) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or other Pacific Islander White
 Hispanic or Latino Middle Eastern or North African (MENA) Other Unknown

Race & Ethnicity Source: (Select one) Petitioner Respondent Court
 Law Enforcement Jail Department of Corrections/Probation and Parole
 Another State Agency Driver's License Unknown

Race & Ethnicity is observed/perceived.

Attorney Name (if represented by counsel): _____

Bar ID: _____ Party Type Code: _____

Party Type Code: _____ Party Type Description: _____

Name: (Last) _____ (First) _____
(Middle) _____ (Suffix) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Race and Ethnicity: (Select one or more) American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or other Pacific Islander White
 Hispanic or Latino Middle Eastern or North African (MENA) Other Unknown

Race & Ethnicity Source: (Select one) Petitioner Respondent Court
 Law Enforcement Jail Department of Corrections/Probation and Parole
 Another State Agency Driver's License Unknown

Race & Ethnicity is observed/perceived.

Attorney Name (if represented by counsel): _____

Bar ID: _____ Party Type Code: _____

Check if more than four parties and attach additional sheet.

Employer Information:

Petitioner Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

Respondent Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone Number: _____

Email Address: _____

The following information regarding children is required. Complete this section for any child subject to the action of this case.

Children:

Name: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Name: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Name: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Name: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Name: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Name: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Name: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Name: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Name: _____

Date of Birth: _____ Sex: Male Female SSN: _____

Name: _____

Date of Birth: _____ Sex: Male Female SSN: _____ Check if more than ten children and attach additional sheet

Instructions

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: If known, the **full** Social Security Number (SSN) is **required** pursuant to section 509.520, RSMo. This is a confidential document due to the SSN and possible confidential addresses. This information is used to open a case in the courts case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Submitted by: _____ Bar ID (required if attorney): _____

Address: (if not shown above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

***IMPORTANT:** It is the parties' responsibility to keep the court informed of any change of address or employment.*

Instructions to Clerk

This document must be saved in the case management system with a document security level of 6 making this a sealed document.



IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Name:	Case Number:
Address:	Case Type:
	Style of Case:
Document Filed:	(Date File Stamp)

Redaction Certification

The filer certifies that all documents in this submission for filing with the court comply with all redaction requirements of Rules 19.10, 55.025, or 84.015.

COR 2.02

The responsibility for redacting confidential information rests solely with the counsel, parties, or any other person filing the document. Courts will not review each case document to ensure compliance and will not refuse to accept or file a document on that basis.

On and after the Expanded Remote Access Implementation Date: July 1, 2023

1. All redactions shall be done in a manner that makes it clear that information has been redacted. If necessary to reference the redacted information in a redacted document, filers shall use generic descriptors.
2. When a filer redacts information from a document offered for filing in any court, the filer also must file a confidential redacted information filing sheet that either:
 - has the unredacted version of the document attached; or
 - sets out the information redacted from the document with an explanation referencing where the information was redacted from in the document or the generic descriptors used in the document to reference the redacted information.
3. All filers shall affirmatively certify compliance with the redaction requirements in Rules 19.10, 55.025, and 84.015 when a document is filed. This certification shall be accomplished through an automated process implemented in the electronic filing system for its authorized users or, for filers who are not authorized users of the electronic filing system, by a paper form attached to the document or on the document itself.
4. When a motion is filed alleging a document filed with the court contains insufficiently redacted confidential information, the clerk shall raise the document's security level to a confidential setting. The court shall dispose of the motion within 30 days. If the court determines the document is sufficiently redacted, the clerk shall reset the document's security level to allow for proper public access.

I HAVE READ AND UNDERSTAND THE ABOVE.

_____ Date

_____ Filer's Signature

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.

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

	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)

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

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 _____
 (Use number on Motion)

Division Number _____

**Statement of Income and Expenses
 (For use in Modification Cases)**

Statement completed by _____
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)
 (Enter your full legal name above)

Monthly Income Information

	Petitioner	Respondent
1. Monthly gross income from salaries, wages and commissions including bonuses	_____	_____
2. Monthly self-employment income	_____	_____
3. Monthly social security benefits not including Supplemental Security Income (SSI)	_____	_____
4. Monthly retirement benefits	_____	_____
5. Monthly pension income	_____	_____
6. Monthly interest income	_____	_____
7. Monthly trust and annuity income	_____	_____
8. Monthly income from dividends and partnership distributions	_____	_____
9. Monthly unemployment compensation benefits	_____	_____
10. Monthly severance pay	_____	_____
11. Monthly workers compensation benefits	_____	_____
12. Monthly disability insurance benefits	_____	_____
13. Monthly veterans disability benefits	_____	_____

Monthly Income Information (Continued)

Petitioner

Respondent

14. Monthly military allowances for subsistence and quarters

15. **Total monthly gross income. Add paragraphs 1 through 14.** (Form 14 - Line 1)

16. Monthly Supplemental Security Income benefits (SSI)

17. Monthly payments of Temporary Assistance for Needy Families (TANF)

18. Monthly food stamps (SNAP)

19. Number of unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(1))

Monthly amount of child support received pursuant to a court or administrative order for unemancipated children who are **not** the subject of this proceeding that primarily reside with each party (Form 14 - Line 2c(3))

20. Monthly maintenance received in **this** case

21. Monthly maintenance received in **other** cases

22. **Total monthly court-ordered maintenance received. Add paragraphs 20 and 21.** (Form 14 - Line 1a)

Monthly Expense Information

23. Monthly court- or administratively-ordered child support being paid for children who are **not** the subject of this proceeding (Form 14 - Line 2a)

24. Monthly Maintenance

a. Monthly maintenance paid in **this** case

b. Monthly maintenance paid in **other** cases

Total monthly court-ordered maintenance paid. Add paragraphs 24a and 24b. (Form 14 - Line 2b)

25. Reasonable monthly work-related child care costs of each party for the children who are the subject of this proceeding (Form 14 - Line 6a and Line 6b)

26. Monthly health insurance costs for the children who are the subject of this proceeding (Form 14 - Line 6c)

Monthly Expense Information (Continued)

Petitioner

Respondent

27. Monthly uninsured extraordinary medical costs for the children who are the subject of this proceeding (Form 14 - Line 6d)

28. Other monthly extraordinary child rearing costs for the children who are the subject of this proceeding (Form 14 - Line 6e)

29. All other monthly expenses of each person (Include housing costs, utilities, transportation costs, food, clothing, loan payments, charitable contributions, entertainment, insurance other than listed on line 26, etc.)

30. **Total monthly expenses. Add paragraphs 23 through 29. (Do not include 24a and 24b. Use the total amounts from 24.)**

THIS FORM IS AVAILABLE FOR FREE AT SELFREPRESENT.MO.GOV.

Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on _____ (date) I have sent/given a copy of this *Statement of Income and Expenses (For use in Modification Cases)* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number

Sign Below 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 this *Statement of Income and Expenses (For use in Modification Cases)* 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: _____

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 _____
 (Use number on Motion)

Division Number _____

**Statement of Property and Debt
 (For use in Modification Cases)**

Statement completed by _____
 (First Name) (Middle Name) (Last Name) (Jr./Sr./III)
 (Enter your full legal name above)

Your Property (either alone or with anyone else) (Check "Yes" or "No" for each of the following questions)

			Estimated Value
Do you own a house, condominium or other real estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you own a car, truck or motorcycle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you own a mobile home, trailer, boat or airplane?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you have any bank accounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you have any right to receive any pension or retirement benefits other than Social Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you have an IRA or 401(k) or other retirement account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you have any furniture, appliances or other household goods worth more than \$100?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you have any jewelry, clothing or other personal items worth more than \$100?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you own any stocks or bond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you have any life insurance that could be cashed in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Does anyone owe you money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you have any lawsuits against anyone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you have any farm equipment, animals or crops?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you have any interest in any trusts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Do you have any other asset or property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Your Debts (either alone or with anyone else) (Check "Yes" or "No" for each of the following questions)

	Amount Due
Are you currently in a bankruptcy proceeding? (Chapter 7 or Chapter 13)	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe a mortgage on a house or condominium or land?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe money on a car?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe money on any credit cards?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe any money to any family or friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe any medical or dental bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe any student loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you owe any other debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

What debts should I list on this form?

All debts owed by you should be listed. You should list all loans from any individual, bank, credit card company, credit union, savings and loan association or other lending institution. Make sure to list all credit cards and any amounts owed pursuant to any bankruptcy or other repayment plans.

Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on _____ (date) I have sent/given a copy of this *Statement of Property and Debt (For use in Modification Cases)* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number

Sign Below in the Presence of a Notary Public

Your *Statement of Property and Debt (For use in Modification Cases)* 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 this *Statement of Property and Debt (For use in Modification Cases)* 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: _____

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 _____
(Use number on Motion)

Division Number _____

Answer to Motion to Modify Child Support

1. My name is: _____
(First Name) (Middle Name) (Last Name) (Jr./Sr./III)

2. I understand that by voluntarily entering my appearance and filing this pleading, I am subjecting myself to the jurisdiction of this court, and the court may enter such orders and judgments as are authorized by law, including orders awarding child support. To ask the court to change both custody and child support, see the *Motion to Modify Child Custody and Support*.

3. I admit as true **everything** the other parent stated in the *Motion to Modify Child Support* and incorporate all of those allegations herein **except** the following:

Any statement not specifically denied will be deemed admitted and you may not have the opportunity to disagree with this statement when the case is presented to the court.

4. Check one of the two boxes.

- I agree with the changes in support requested in the *Motion*.
- I disagree with the changes in support requested in the *Motion*. (Check one of the two boxes)
- I want the court to maintain the support orders currently in place. I do **not** agree with the Form 14 filed by the other parent with their *Motion* and the child support amount requested in their *Motion*. I have prepared a Form 14 attached to this *Answer* as Exhibit _____.
- I want the court to order support in the amount contained in the Form 14 attached to this *Answer* as Exhibit _____.

Unless you file your own motion to modify, the court may not be able to take any requests you may have for changes in the support orders into consideration.

5. My mailing address is:

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)

6. The last four numbers of my social security number are: XXX-XX- _____.

7. Check one of the three boxes.

- I am not on active duty in the armed services of the United States of America.
- I am on active duty in the armed services of the United States of America, but waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.
- I am on active duty in the armed services of the United States of America and I do **not** waive my rights pursuant to the Servicemembers Civil Relief Act of 2003.

8. Do any of the children 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

Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, under oath that on _____ (date) I have sent/given a copy of this *Answer to Motion to Modify Child Support* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number

Sign Below 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 *Answer to 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
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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

	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)

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

IN THE CIRCUIT COURT OF _____, MISSOURI

(County where court is located. City of Saint Louis is considered a county.)

In re:

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Petitioner, *(Enter your full legal name above)*

-and-

(First Name) (Middle Name) (Last Name) (Jr./Sr./III)
Respondent. *(Enter the other party's full legal name above)*

Case Number _____
(Use number from pending case)

Division Number _____
(Use number from pending case)

Notice of Hearing

Information about the Hearing

1. **The hearing will be held promptly at the courthouse in the above county and division.**

2. Type of matter to be heard: _____
(Write the name of the petition or motion you want the court to hear.)

3. The date of the hearing is: ____/____/____
(mm/dd/yyyy)

4. The time of the hearing is: _____ a.m. p.m.

Person Giving Notice

(Sign Above)

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

(Street)

(City) (State) (Zip)

() _____
(Telephone Number with Area Code) (Fax Number with Area Code)

(E-mail Address - Optional)

Proof of Service on Other Parties

You **must** send (serve) a copy of this document to each of the other parties, or their attorney(s). To obtain service, you may deliver the document by hand; send it by First Class U.S. mail, e-mail or facsimile (fax); or leave it at the office of the party's attorney to be served with a clerk, receptionist or an attorney associated with the attorney to be served.

I certify, that on _____ (date) I have sent/given a copy of this *Notice of Hearing* to each of the following parties at the address shown:

Name	Address: U.S. mail/e-mail/fax number



(Sign above)

(Print your name above)

Not Approved for use in Contested Cases

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

_____ (First Name) _____ Petitioner , (Enter full legal name of the person who filed the original petition)	_____ (Middle Name) _____	_____ (Last Name) _____	_____ (Jr./Sr./III)	} Case Number _____
v.				
_____ (First Name) _____ Respondent . (Enter full legal name of the person who responded to the original petition)	_____ (Middle Name) _____	_____ (Last Name) _____	_____ (Jr./Sr./III)	} Division Number _____

Judgment for Modification of Child Support

- Appearances (Check all that apply)
 Petitioner appears in person. Respondent appears in person.
 Petitioner appears by attorney. Respondent appears by attorney.
 Cause submitted upon affidavit of Petitioner. Cause submitted upon affidavit of Respondent.
 Third Party Missouri Family Support Division appears by attorney.
- The last four numbers of Petitioner's social security number are _____ and the last four numbers of Respondent's social security number are _____.
- The court entered its first judgment on ____/____/____.
Date (mm/dd/yyyy)
- Check one of the two boxes.
 There has been no modification of the first judgment since it was entered.
 The first judgment has been modified most recently on ____/____/____.
Date (mm/dd/yyyy)
- Check Petitioner or Respondent.
 Petitioner Respondent filed this *Motion to Modify Child Support* on ____/____/____.
Date (mm/dd/yyyy)
- This judgment pertains to the following child(ren):
 - _____
(First Name) _____ (Middle Name) _____ (Last Name) _____ (Jr./Sr./III) _____ (Child's Age)
 - _____
(First Name) _____ (Middle Name) _____ (Last Name) _____ (Jr./Sr./III) _____ (Child's Age)
 - _____
(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)

Modification of Support

7. The court adopts the Form 14 attached to this judgment as Exhibit _____ , as prepared by (Check one of the three boxes)

Petitioner.

Respondent.

the court.

8. The court makes the following findings related to support: (Check all that apply)

The court denies the motion for a change in support in that:

The court does not have jurisdiction to enter any orders with respect to the support of the child(ren).

The court finds that there have been no changed circumstances so substantial and continuing as to make the terms of the previous child support judgment unreasonable.

The court finds there have been changed circumstances so substantial and continuing as to make the terms of the previous child support judgment unreasonable.

Orders Modifying Support - if appropriate

9. The court orders support modified in the following particulars:

a. Person Ordered to Pay Support

Under this judgment, the following person shall be ordered to pay support:
(Check one of the three boxes)

- Petitioner
- Respondent
- Neither parent

b. Modification based upon the Form 14 (Presumed) Amount (Check if applicable)

The court finds the presumed amount of child support to be just and appropriate and orders child support to be paid in the following amounts:

- Six Children - _____ per month, when *six* children are eligible for support.
- Five Children - _____ per month, when *five* children are eligible for support.
- Four Children - _____ per month, when *four* children are eligible for support.
- Three Children - _____ per month, when *three* children are eligible for support.
- Two Children - _____ per month, when *two* children are eligible for support.
- One Child - _____ per month, when *one* child is eligible for support.

c. Modification based upon a deviation from the Form 14 (Presumed) Amount (Check if applicable)

- The court finds the presumed amount of child support is unjust and inappropriate because:

The court has considered all factors under §452.340.1, RSMo. The court deviates from the presumed amount and orders child support to be paid in the following amounts:

- Six Children - _____ per month, when *six* children are eligible for support.
Five Children - _____ per month, when *five* children are eligible for support.
Four Children - _____ per month, when *four* children are eligible for support.
Three Children - _____ per month, when *three* children are eligible for support.
Two Children - _____ per month, when *two* children are eligible for support.
One Child - _____ per month, when *one* child is eligible for support.

d. Medical Insurance

Under this judgment, the following person shall be ordered to maintain and pay the cost of medical insurance for the benefit of the child(ren):

(Check one of the three boxes)

- Petitioner
 Respondent
 Neither parent is required to maintain **medical** insurance for the benefit of the child(ren). A health benefit plan is not available at a reasonable cost through either parent's employer or union. If the parents receive child support services through the Family Support Division, the parents shall notify the Family Support Division of any changes in employment, whether health insurance is available through their employer, other group plan, or the Affordable Care Act, provide the name of the insurance provider when coverage is available, and other changes in access to health insurance coverage.

e. Dental Insurance

Under this judgment, the following person shall be ordered to maintain and pay the cost of dental insurance for the benefit of the child(ren):

(Check one of the three boxes)

- Petitioner
 Respondent
 Neither parent is required to maintain **dental** insurance for the benefit of the child(ren). A health benefit plan is not available at a reasonable cost through either parent's employer or union. If the parents receive child support services through the Family Support Division, the parents shall notify the Family Support Division of any changes in employment, whether dental insurance is available through their employer, other group plan, or the Affordable Care Act, provide the name of the insurance provider when coverage is available, and other changes in access to health insurance coverage.

f. Work-Related Childcare Costs

The work-related child care expenses of the parent receiving support are \$ _____ per month.

The work-related child care expenses of the parent paying support are \$ _____ per month.

(Check one of the five boxes)

- There are no work-related child care costs incurred by the parents.
- The work-related child care costs will be included in the child support calculation on the Form 14.
- Each parent will pay their own reasonable work-related child care expenses related to his or her employment. The cost of reasonable work-related child care expenses has **not** been included in the child support calculation on the Form 14. Neither parent will reimburse the other parent any portion of the child care expenses.
- The parent paying support shall reimburse the parent receiving support for _____ percent of all reasonable work-related child care expenses actually paid by the parent receiving support.
- The work-related child care expenses have **not** been included on the Form 14. To be eligible for reimbursement of work-related child care expenses, the parent receiving support must appropriately report expenses to the Internal Revenue Service.

10. The court finds that all changes to child support included in this judgment shall be effective *(Check one of the two boxes)*

- on the date of the entry of this judgment.
- on a different date, which is ____/____/____ .
Date (mm/dd/yyyy)

11. Method of Payment of Child Support *(Check one of the five boxes if either parent is paying child support)*

- Child support shall be paid through income withholding. An application for income withholding for support shall be prepared by the parent receiving support and issued by the circuit clerk upon the effective date of this judgment. Child support is ordered to be paid to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.
- Income withholding will not issue because a written agreement has been reached between the parents that provides for an alternative arrangement. Child support shall be paid directly to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.
- Income withholding will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate withholding would not be in the best interest of the child and the parent paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the Family Support Payment Center, PO Box 109001, Jefferson City, Missouri, 65110-9001.
- Income withholding will not issue because a written agreement has been reached between the parents that provides for an alternative arrangement. Child support shall be paid directly to the parent receiving support.
- Income withholding will not issue because there is good cause not to require immediate income withholding for the reason that implementation of an immediate withholding would not be in the best interest of the child and the parent paying support has made timely payments of all previously ordered support. Child support shall be paid directly to the parent receiving support.

Other Orders

12. Check if applicable.

- Other orders are as per the attached Exhibit _____, which is incorporated by reference as if fully set forth herein.

13. All other provisions in the judgment dated ____/____/____ shall remain in full force and effect.
Date (mm/dd/yyyy)

Court Costs

14. Check one of the two boxes.

- Court costs are to be paid from the court cost deposit(s) previously posted.
- Court costs are waived.

Waiver of Right to Rehearing (If case is heard by a Commissioner.)

We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner and waive the right to file a motion for rehearing in this case.

- Signature of Petitioner’s Attorney _____
- Signature of Respondent’s Attorney _____
- Signature of Petitioner _____
- Signature of Respondent _____
- Signature of Third Party Attorney _____

(If heard by a Judge)

(Judge)

(Date)

(If heard by a Family Court Commissioner)

Findings and Recommendations of Commissioner:

_____ *(Commissioner)* _____ *(Date)*

All orders and these findings and recommendations of the Commissioner are confirmed and adopted as the judgment of the court.

_____ *(Judge)* _____ *(Date)*

A certified copy of this *Judgment* is to be mailed to the following person(s): *(Check all applicable boxes)*

- | | | |
|--|--|---|
| <input type="checkbox"/> _____
<i>(Print Name of Petitioner’s Attorney)</i> | <input type="checkbox"/> _____
<i>(Print Name of Respondent’s Attorney)</i> | <input type="checkbox"/> _____
<i>(Print Name of Third Party Attorney)</i> |
| _____
<i>(Street)</i> | _____
<i>(Street)</i> | _____
<i>(Street)</i> |
| _____
<i>(City, State, Zip)</i> | _____
<i>(City, State, Zip)</i> | _____
<i>(City, State, Zip)</i> |
| () _____
<i>(Telephone Number with Area Code)</i> | () _____
<i>(Telephone Number with Area Code)</i> | () _____
<i>(Telephone Number with Area Code)</i> |
| <input type="checkbox"/> _____
<i>(Print Name of Petitioner)</i> | <input type="checkbox"/> _____
<i>(Print Name of Respondent)</i> | |
| _____
<i>(Street)</i> | _____
<i>(Street)</i> | |
| _____
<i>(City, State, Zip)</i> | _____
<i>(City, State, Zip)</i> | |
| () _____
<i>(Telephone Number with Area Code)</i> | () _____
<i>(Telephone Number with Area Code)</i> | |