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.)

Case Number _____ **Division Number** _____

_____ _____ _____ _____
(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)*

Judgment for Modification of Child Support

1. 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.
2. The last four numbers of Petitioner's social security number are _____ and the last four numbers of Respondent's social security number are _____.
3. The court entered its first judgment on _____ .
   Date (mm/dd/yyyy)
4. *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)
5. *Check Petitioner or Respondent.*
   - ☐ Petitioner ☐ Respondent filed this *Motion to Modify Child Support* on _____ .
     Date (mm/dd/yyyy)

6. This judgment pertains to the following child(ren):

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)*

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)*

☐ _____
(Print Name of Petitioner's Attorney)

_____
(Street)

_____
(City, State, Zip)

_____
(Telephone Number with Area Code)

☐ _____
(Print Name of Petitioner)

_____
(Street)

_____
(City, State, Zip)

_____
(Telephone Number with Area Code)

☐ _____
(Print Name of Third Party Attorney)

_____
(Street)

_____
(City, State, Zip)

_____
(Telephone Number with Area Code)

☐ _____
(Print Name of Respondent's Attorney)

_____
(Street)

_____
(City, State, Zip)

_____
(Telephone Number with Area Code)

☐ _____
(Print Name of Respondent)

_____
(Street)

_____
(City, State, Zip)

_____
(Telephone Number with Area Code)