

**Penobscot Indian Nation
Judicial System**



Mailing Address: 12 Wabanaki Way
Indian Island, ME 04468

Physical Address: 6 Down Street
Indian Island, ME 04468
Telephone (207) 827-3415

PENOBSCOT NATION

Indian Island, ss

_____, Plaintiff

Docket No. _____

v.

_____, Defendant

MOTION TO MODIFY

Child Support Only
(19-A M.R.S. § 1657 &
19-A M.R.S. § 2009)

1. I am the **Plaintiff** **Defendant** in this case.

Plaintiff now resides in (town) _____, (county) _____, (state) _____.

Defendant now resides in (town) _____, (county) _____, (state) _____.

Residence of the other party is unknown and I have used reasonable efforts to locate the other party.

2. Circumstances have changed substantially since the Court's Judgment or Order in this case, dated _____.

The changes concern the following issues: *(Please check the boxes that apply)*

Parental Rights and Responsibilities

Primary Physical Residence of the minor child(ren), file and exchange form FM-050

Rights of contact or visitation with the minor child(ren)

Child Support, file and exchange form FM-050, Child Support Affidavit

Spousal Support *(Alimony)*

Other: _____

3. *If this motion involves any issues relating to the children in this case, complete subparagraphs A thru E. If not, go on to paragraph 4.)*

A. Plaintiff and Defendant are the parents of the following child(ren):

Name	Date of Birth	Present Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. List below where and with whom the child(ren) have lived within the **past 5 years**.

Name and present address of person

Dates child(ren) lived

Town and State

Child(ren) lived with

with that person

C. Plaintiff has not been involved in any way in, and has no information about, another court case in any state concerning the custody of the child(ren), except as follows:

Protection from Abuse: _____

Other *(describe what kind of other case):* _____

D. No one other than the parties has physical custody of the child(ren), or claims to have custody or visitation rights with respect to the child(ren), except as follows: _____

E. (Check all boxes that apply).

- (1) No public assistance benefits have ever been received for the child(ren).
- (2) Public assistance benefits have been, are now, or will be received for the child(ren).
- (3) The Department of Health & Human Service **has** been contacted to review, change or enforce a child support order regarding the child(ren).

If you check box 2 or 3, you must send a copy of this motion to the Department of Health & Human Services, Support Enforcement Division, Central Office Supervisor, 11 State House Station, Augusta, ME 04333-0011.

4. A. The change in circumstances are: (Describe the substantial changes that have occurred since the Judgment or Order and why you believe these changes should cause the court to change the judgment or order.)

(If more space is needed, you may continue the statement on a separate sheet of paper which should be signed under oath and attached to this motion)

OR

B. I do not have to show a change in circumstances because:

- I am seeking to modify the child support only, and a child support order was not issued or modified within the last three years. 19-A M.R.S.A. 2009(3)
- The order I seek to modify was entered in a paternity action in which I did not appear. 19-A M.R.S.A 1565(2)

5. I ask the Court to review the Judgment or Order and make the following changes: _____

(If you ask for a change in primary residence of any child or change in the amount of child support, you must attach a completed child support affidavit (FM-050) and you may be ordered to submit a child support worksheet (FM-040)).

WHEREFORE, I ask the Court to modify those portions of the judgment or order as requested in paragraph 5, order the party to pay my court costs, reasonable attorney's fees, and grant such other relief as the Court deems just and proper.

Date: _____

Signature of Plaintiff Defendant

Address of Attorney:

Address: _____

Phone: _____

Phone: _____

STATE OF MAINE

Personally appeared the above named Plaintiff Defendant and made Oath that the foregoing statements, including those in any attached sheet(s) are true.

Before me,

Date: _____

Notary Public/Deputy Clerk/Attorney at Law