

PLEASE TYPE

_____ County, Colorado <input type="checkbox"/> District Court Court address: <hr/> Phone Number: <hr/> <b>In Re:</b> <b>Petitioner:</b>  <b>Respondent/Co-Petitioner:</b>	<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address):  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty.Reg.#: _____	Case Number:  Division _____ Courtroom _____
<b>Verified Motion for Deviation From the Presumed Amount of Child Support</b>	

The  Petitioner  Respondent/Co-Petitioner submits the following statements, under oath, supporting deviation from the Child Support Guidelines. Following the Child Support Guidelines would result in an amount of child support  greater than  less than the amount of child support presumed by the Child Support Guidelines:

1. I have a monthly expense for extraordinary medical expenses incurred for:
  - My treatment Amount: \$ \_\_\_\_\_
  - Treatment of the other parent Amount: \$ \_\_\_\_\_
 Please explain:
  
2. I have a monthly expense associated with a substantial non-income producing asset. Please explain:
  
3. My monthly gross income includes overtime at a primary job or gross income earned from secondary employment. Amount: \$ \_\_\_\_\_
  
4. My gross monthly income (\$ \_\_\_\_\_) is grossly disparate from that gross monthly income earned by the other party (\$ \_\_\_\_\_).
  
5. Please explain any other reason justifying deviation from the presumed amount of child support:

For the reasons stated above, the  Petitioner  Respondent/Co-Petitioner (check one) requests this court to deviate from the Child Support Guidelines, pursuant to the attached Child Support Worksheet, and order that child support be paid in the amount of \$ \_\_\_\_\_ per month.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Petitioner OR  Respondent/Co-Petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
(Area Code) Telephone Number (home and work)

Date: \_\_\_\_\_

\_\_\_\_\_  
 Petitioner OR  Respondent/Co-Petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
(Area Code) Telephone Number (home and work)

STATE OF COLORADO )  
\_\_\_\_\_ COUNTY )

Signed and sworn to before me by  Petitioner  Respondent/Co-Petitioner on this date:  
\_\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public  [Deputy] Clerk of Court

\_\_\_\_\_  
Notary's Address

\_\_\_\_\_  
Notary's City, State, Zip

[Seal]

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) the original and one copy of this document were filed with the court; and, a true and accurate copy of the *MOTION FOR DEVIATION FROM THE PRESUMED AMOUNT OF CHILD SUPPORT* was served on the other party by  Hand Delivery OR  Faxed to this number \_\_\_\_\_ OR  by placing it in the United States mail, postage pre-paid, and addressed to the following:

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(your signature)