| Circuit Court for |                                |                |               |   | Case No                |                    |                        |  |
|-------------------|--------------------------------|----------------|---------------|---|------------------------|--------------------|------------------------|--|
|                   |                                |                | С             | ity or County   |                        |                    |                        |  |
| lame              |                                |                |               |   | Name                   |                    |                        |  |
| Street Ac         | Idress                         |                |               | Apt. #  | vs. Street Address     |                    | Apt. #                 |  |
|                   |                                |                | ( )           |   | _                      |                    | ( )                    |  |
| City              |                                | State Zip Code | Area<br>Code  | Telephone   | City                   | State Zip Code     | Area Telephone<br>Code |  |
|                   |                                | Plaintiff      |               |   |                        | Defendant          |                        |  |
|                   |                                | PETITION       | /MO           |   | MODIFY C<br>om.Rel. 6) | HILD SUPPO         | ORT                    |  |
| [,                |                                | My name        |               |   | , representi           | ng myself, state t | nat:                   |  |
| 1.                | ,                              |                |               |   | of:                    |                    |                        |  |
|                   | Circle One                     |                |               | Relationship (for example, aunt, grandfather, guardian, etc.) |                        |                    |                        |  |
|                   | Name                           |                |               | Date of Birth   | N                      | Name               |                        |  |
|                   | Name                           |                |               | Date of Birth   | N                      | ame                | Date of Birth          |  |
|                   |                                | Name           |               | Date of Birth   | N                      | ame                | Date of Birth          |  |
| 2.                | On                             |                | the Circuit ( |   | Court for              | Court for          |                        |  |
|                   | Date                           |                |               | City or County  |                        | City or County     |                        |  |
|                   | Order in case number, ordering |                |               |   |                        |                    |                        |  |
| 3.                | to pay \$                      |                |               |   |                        |                    |                        |  |
|                   |                                | Other changes  | have o        | ccurred (expl   | ain):                  |                    |                        |  |
|                   |                                |                |               |   |                        |                    |                        |  |
|                   |                                |                |               |   |                        |                    |                        |  |

**FOR THESE REASONS,** I request the Court (check all that apply):

| Order any other appropriate relief. |   |  |  |  |  |  |
|-------------------------------------|---|--|--|--|--|--|
|                                     | Name  |  |  |  |  |  |
| Order                               | to provide health insurance for the child(ren). |  |  |  |  |  |
|                                     | Directly to the person who has custody.         |  |  |  |  |  |
|                                     | Through the local support enforcement agency.   |  |  |  |  |  |
| Order of                            | rder child support to be paid (check one):      |  |  |  |  |  |
| Order a                             | rder a decrease in child support.               |  |  |  |  |  |
| Order a                             | an increase in child support.                   |  |  |  |  |  |

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

Date

Name

IMPORTANT: YOU MUST COMPLETE A FINANCIAL STATEMENT WITH THIS FORM (Use Form Dom.Rel. 30 or Dom.Rel. 31)