

4. Since that order, circumstances have changed as follows: _____

5. Because of those changes, I would like the Court to change that order as follows: _____

6. I have have not previously tried to modify this order. If you have tried to modify the order, complete the following: Date of attempt to modify: _____. Court where attempt to modify was brought: _____
Result: _____

7. I am am not the person required to pay support. If you *are* the person required to pay support, are you seeking a reduction? Yes No If so, and if you are in arrears, please state why you have not sought relief sooner: _____

8. Check which applies to you:
- I have applied for child support services with the Broome County Support Collection Unit (IV-D Program).
 - I am applying for child support enforcement services by filing this petition.
 - I do not wish to apply for child support services.
 - I am not eligible for child support enforcement services because only spousal support is sought.

WHEN YOU RETURN TO COURT, BOTH PARTIES MUST BRING YOUR MOST RECENTLY FILED TAX RETURN, CURRENT PAY STUB, AND A FULLY COMPLETED FINANCIAL DISCLOSURE AFFIDAVIT. IF YOU DO NOT BRING THESE DOCUMENTS, YOUR PETITION MAY BE DISMISSED OR A DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU.

WHEREFORE, I ASK THE COURT TO MODIFY THE CURRENT ORDER OR JUDGMENT AS SET FORTH ABOVE AND FOR OTHER APPROPRIATE RELIEF PROVIDED BY LAW.

Petitioner (print or type name)

Signature

Attorney's Name, if applicable (print or type name)

Attorney's Signature

NOTICE

(1) **COST OF LIVING ADJUSTMENT:** A COURT ORDER OF SUPPORT RESULTING FROM A PROCEEDING COMMENCED BY THIS PETITION SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN 24 MONTHS AFTER SUCH ORDER WAS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. SUCH COST OF LIVING ADJUSTMENT SHALL BE ON NOTICE TO BOTH PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THE RIGHT TO BE HEARD BY THE COURT AND TO PRESENT EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH SECTION FOUR HUNDRED THIRTEEN OF THE FAMILY COURT ACT, KNOWN AS THE CHLD SUPPORT STANDARDS ACT.

(2) **ADJUSTMENT FOR CHILDREN RECEIVING FAMILY ASSISTANCE:** A PARTY SEEKING SUPPORT FOR ANY CHILD(REN) RECEIVING FAMILY ASSISTANCE SHALL HAVE A CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN 24 MONTHS AFTER SUCH ORDER WAS ISSUED, LAST MODIFIED OR LAST ADJUSTED BY THE SUPPORT COLLECTION UNIT, WITHOUT FURTHER APPLICATION BY ANY PARTY. ALL PARTIES WILL RECEIVE A COPY OF THE ADJUSTED ORDER.

(3) **FAILURE TO NOTIFY SCU OF ADDRESS CHANGE:** WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ADJUSTED ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Financial Disclosure Affidavit (Short Form)

Notice to Parties in a Support Proceeding

In addition to this form, please provide copies of:

- Your two (2) most recent pay stubs
- Your most recent Federal and state tax returns,
- Your W-2s and/or 1099 statements
- All documents which prove the amount of other income and/or debt and loans
- Proof of health insurance coverage and cost
- Proof of public assistance

State of New York File #: _____

Docket #: _____

County of _____

Court Date, Time, and Part: _____

I, _____ (print name), being duly sworn, depose and say that the following is an accurate statement of my income, my assets, my expenses, and my liabilities:

Income Are you self-employed? Yes No

Employer: _____ Hours worked per week _____

Address: _____

Gross income (all jobs): \$ _____ per _____ Take-home income (all jobs): \$ _____ per _____

Other income (Public Assistance, SNAP, Rent, Tips, Unemployment Insurance benefits, Workers' Compensation, Social Security Disability (SSD), Supplemental Security Income (SSI), Pensions and Retirement Benefits, Fellowships/Stipends/Annuities, Investment Income, etc.)

Amount	Source
\$ _____ per _____	_____
\$ _____ per _____	_____
\$ _____ per _____	_____

How many people are in your household? Me + _____ others
Income from other household members: \$ _____ per _____

Are you paying additional child support orders? Yes No. If yes, attach copies of all support orders.
How much? \$ _____ To whom? _____

Health Insurance Coverage You must bring in proof of your insurance coverage and the cost. If you have health insurance available through employment, but have not signed up for it, you still must bring proof of the coverage and cost.

My insurance coverage is None through my job privately purchased Medicaid Medicare

My coverage includes Medical Dental Vision Prescription

Insurance Plan Name: _____ Policy #: _____

The cost of my health insurance is \$ _____ per _____ for a Family Plan. \$ _____ per _____ for an Individual Plan.

The child(ren)'s health insurance is covered by: my plan the other parent's plan Child Health Plus
 Medicaid Other: _____

DO NOT WRITE BELOW THIS LINE. ATTACH ANOTHER PAGE IF NEEDED.

Child Care (Provide receipts)

My child care provider is _____

The average number of hours per week that I need child care is _____. The cost is \$_____ per _____

Assets (Include additional page of other assets, if needed)

Savings Account: Bank name: _____ Balance: \$ _____

Checking Account: Bank name: _____ Balance: \$ _____

Automobile: Year: _____ Make: _____ Value: \$ _____
Model: _____

House/Apt Owned: Address: _____
Market value: \$ _____ Mortgage: \$ _____

Other assets: Details: _____ Value: \$ _____

(other real estate,
car, boat,
snowmobile, stocks,
bonds, trailer, etc.) Details: _____ Value: \$ _____

Expenses The following are my monthly expenses

Rent or mortgage: \$ _____ Health insurance: \$ _____

Utilities Gas: \$ _____ Other insurance Life: \$ _____

Phone/TV/internet: \$ _____ Auto: \$ _____

Electric: \$ _____ Home/Fire: \$ _____

Other: _____ \$ _____ Other: _____ \$ _____

Child care: \$ _____ Transportation \$ _____

School tuition and expenses: \$ _____ Auto payment: \$ _____

Food: \$ _____ Gasoline: \$ _____

Clothing: \$ _____ Public transportation: _____

Medical/Dental/Prescription: \$ _____ Other: _____ \$ _____

Contributions \$ _____ Total : \$ _____

Loans and Debt (Include additional page of other loans and debt, if needed)

Owed to: _____ For: _____

Balance: \$ _____ Payment: \$ _____ monthly weekly

Owed to: _____ For: _____

Balance: \$ _____ Payment: \$ _____ monthly weekly

I swear that the above information is true and correct as of (date) _____.

Signature

Sworn to before me on _____

Notary Public / (Deputy) Clerk of the Court