
Name

Address

City, State, Zip

Phone

Email

In the District Court of Utah
_____ Judicial District _____ County

Court Address _____

<p>_____ Petitioner v. _____ Respondent</p>	<p>Order on Petition to Modify Child Support (Utah Rule of Civil Procedure 106)</p> <p>_____ Case Number _____ Judge _____ Commissioner</p>
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The matter before the court is a Petition to Modify Child Support. This matter is being resolved by: (Choose all that apply.)

- The default of petitioner respondent.
- The stipulation of the parties.
- The pleadings and other papers of the parties.
- A hearing held on _____ (date), notice of which was served on all parties.

Petitioner

- was was not present
- was represented by _____

was not represented.

Respondent

was was not present

was represented by _____

was not represented.

The court orders:

1. The petition is:

denied.

granted. The controlling order dated _____ (date) is modified as follows.

2. **Child support**

a. Petitioner's total countable gross monthly income for child support purposes is \$_____ (Utah Code 78B-12-203).

Petitioner's income is imputed based on:

minimum wage.

historical earnings.

Petitioner does receive or has received public assistance.

b. Respondent's total countable gross monthly income for child support purposes is \$_____ (Utah Code 78B-12-203).

Respondent's income is imputed based on:

minimum wage.

historical earnings.

Respondent does receive or has received public assistance.

c. Petitioner Respondent must pay \$_____ per month for child support. The following child support worksheet is attached (Choose one.):

sole physical custody worksheet

joint physical custody worksheet

split custody worksheet

(Choose one.)

This amount is based on the Uniform Child Support Guidelines (Utah Code 78B-12-2).

This amount deviates from the Uniform Child Support Guidelines. The court finds that a deviated child support amount is in the best interests of the minor children based on:

the standard of living and situation of the parties.

the relative wealth and income of the parties.

the obligor's (person who pays support) ability to earn.

the ability of the obligee (person who receives support) to earn.

the ability of an incapacitated adult child to earn, or other benefits received by the adult child or on the adult child's behalf including Supplemental Security Income.

the needs of the obligee, the obligor, and the child.

the ages of the parties.

the responsibilities of the obligor and the obligee for the support of others.

other. (Describe.):

The reason for the deviated child support amount is:

_____.

d. Effective date (Choose one.):

The child support will be effective upon entry of this order.

OR

The child support will be effective as of this date: _____.

e. Child support must be paid as follows (Choose one.):

Mandatory income withholding by the Office of Recovery Services. Unless the Office of Recovery Services gives notice that payments should be sent elsewhere, all child support payments must be made to: Office of Recovery Services, PO Box 45011, Salt Lake City, UT 84145

OR

Direct payments to the parent receiving child support by:

Check

Deposit in bank account

Cashier's check or money order

Other: _____

f. Child support payments must be made (Choose one.):

One-half on or before the 5th day of each month, and one-half on or before the 20th day of each month.

OR

Other payment arrangement:

g. Child support not paid on or before the due date is past due on the day after the due date.

h. Past-due child support will be determined by further judicial or administrative process. Any federal or state tax refund or rebate due to the non-custodial parent will be intercepted by the state of Utah and applied to child support arrearages.

3. **Child care expenses**

- Both parties share equally all reasonable child care expenses related to the custodial parent's work or occupational training.
- The parent who pays child care expenses must **immediately** provide to the other parent written verification of the cost of the child care expenses and the identity of the child care provider when hired, within 30 calendar days after a change in the provider or the expense, and anytime upon the request of the other parent.
- If the parent who pays child care expenses does not provide written verification of child care, that parent may be denied the right to recover or receive credit for the other parent's one-half share of the child care expense.
- The other parent must begin paying one-half the child care amount on a monthly basis **immediately** after receiving proof from the parent that pays the child care expense.

Other order for child care payment:

4. **Health insurance, medical and dental expenses**

The minor children currently have health insurance coverage through:

Petitioner's insurance

Respondent's insurance

Medicaid

CHIP

Other: _____

Not covered by insurance

Petitioner Respondent must maintain health insurance for the minor children if it is available to that parent at a reasonable cost. Both parties must share equally:

a. the cost of the premium paid by a parent for the children's portion of the insurance. The children's portion of the premium will be calculated by dividing the premium amount by the number of people covered by the policy and multiplying the result by the number of minor children of the parties; and

b. all reasonable and necessary uninsured medical and dental expenses incurred for the children and paid by a parent, including deductibles and co-payments.

The parent ordered to maintain insurance must provide written verification of coverage to the other parent or the Office of Recovery Services when the children are first enrolled, on or before January 2nd of each calendar year and upon any change of insurance carrier, premium, or benefits within 30 calendar days after the date that parent knew or should have known of the change.

If the parent ordered to maintain insurance fails to provide written verification of coverage to the other parent or to the Office of Recovery Services, or if the parent incurring medical expenses fails to provide written verification of the cost and payment of the expenses to the other parent **within 30 days of payment**, that parent may be denied the right to receive

credit for the expenses or to recover the other parent's share of the expenses.

The parent receiving written verification must reimburse the parent who incurred the medical or dental expenses one-half of the amount **within 30 days after receiving the written verification.**

Other order for health insurance, medical and dental expenses:

5. **Claiming children as dependents/exemptions for tax purposes** (Utah Code 78B-12-217)

(Choose one.)

_____ (name) will claim the children as dependents/exemptions for tax purposes.

_____ (name) will claim the children as dependents/exemptions for tax purposes in **even years**, and

_____ (name) will claim the children as dependents/exemptions for tax purposes in **odd years**.

claiming children as dependents/exemptions for tax purposes will be divided as follows:

Child's name	Month and year of birth	Parent who will claim child as dependent / exemption
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent

	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
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Other:

6. **Attorney fees and costs**

Petitioner Respondent must pay \$_____ in attorney fees and \$_____ in costs.

7. **Other orders**

8. **Remainder of order unchanged**

The provisions of any previous order not modified by this order remain in effect.

Commissioner's or judge's signature may instead appear at the top of the first page of this document.

Date

Signature ► _____

Commissioner _____

Date

Signature ► _____

Judge _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Order on Petition to Modify Child Support on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

_____ Signature ► _____
 Date Printed Name _____