

**IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA  
FAMILY LAW DIVISION**

\_\_\_\_\_  
Petitioner

v.

Case No. \_\_\_\_\_  
Division \_\_\_\_\_

THE STATE OF FLORIDA, on behalf of

\_\_\_\_\_  
Respondent

**SUPPLEMENTAL PETITION FOR MODIFICATION  
OF CHILD SUPPORT (TITLE IV-D CASE)**

I, (*full legal name*) \_\_\_\_\_, being sworn, certify that the following is true:

1. I am the obligor of a child support order in this case.

2. Since the order establishing my child support obligation, there has been a substantial change in circumstances, requiring a modification of child support (*check each appropriate reason*):

\_\_\_\_\_ My income has substantially decreased (*must be involuntary*).

\_\_\_\_\_ I have **sole parental responsibility** of the child or children covered by the order.

\_\_\_\_\_ Both parents and the child(ren) now live together.

\_\_\_\_\_ One or more of the children have reached the age of majority.

\_\_\_\_\_ I am disabled. I \_\_\_ have \_\_\_ have not applied for disability benefits.

\_\_\_\_\_ The child(ren) have been adopted or my parental rights have been terminated.

\_\_\_\_\_ Other reason (*please be specific*) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. This change in circumstances is \_\_\_ permanent \_\_\_ temporary.

4. I ask the court to \_\_\_ reduce \_\_\_ suspend my child support obligation.

5. (If paragraph 2 does not apply) Even though there has been no involuntary substantial change in circumstances, it is in the best interests of the child(ren) that my child support obligation be suspended or reduced because (check each appropriate reason):

\_\_\_\_\_ I am a full-time student and my child(ren) will benefit from my improved ability to earn income.

\_\_\_\_\_ Other reason (please be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Attached is my completed short form financial affidavit.

WHEREFORE I request a hearing before the support enforcement hearing officer and a modification of my child support obligation.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner  
Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_ Personally known \_\_\_\_\_ NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_ Produced identification \_\_\_\_\_ (Print, type, or stamp commissioned name of notary or clerk)

Type of identification produced \_\_\_\_\_

cc: Legal Service Provider Drop Box