

**IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA
JUVENILE 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