

**MODIFICATION PETITION FOR SUPPORT**

Court Case Number

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_ COUNTY, ALABAMA  
(Circuit or District) (Name of County)

\_\_\_\_\_  
Plaintiff v. \_\_\_\_\_  
Defendant

Comes now the Plaintiff Defendant and shows unto the Court as follows:

1. On \_\_\_\_\_ (date), the \_\_\_\_\_ Court of \_\_\_\_\_ County ordered the Plaintiff OR Defendant to pay the sum of \$\_\_\_\_\_ per \_\_\_\_\_ for the support and maintenance of the child(ren) named as follows: \_\_\_\_\_ (names).
2. Since the date of the above Order, the needs of the child(ren) have increased and/or there has been a material change in circumstances in that \_\_\_\_\_.

**WHEREFORE**, the premises considered, the Plaintiff OR Defendant moves this Court as follows:

1. To enter an order setting a hearing on the  Plaintiff's OR  Defendant's petition for modification.
2. To enter an order modifying the previous order of child support rendered on \_\_\_\_\_ (date), and enter a judgment for any and all arrearages and interest accrued as provided in Section 8-8-10, Ala.Code 1975.
3. To enter the appropriate income withholding order.
4. To require the child support payments to be made payable to Alabama Child Support Payment Center at P.O. Box 244015 Montgomery, AL 36124-4015.
5.  To require the  Plaintiff or  Defendant, wherever employed, to include the aforementioned child(ren) on any health insurance policy or health insurance coverage at his or her place of employment or include the aforementioned child(ren) above on any health insurance policy or health insurance coverage which he or she may purchase, if the health insurance coverage is accessible to the child(ren) and it is available at a reasonable cost, and to provide evidence of such coverage to the other party in non-Title IV-D cases OR to the \_\_\_\_\_ County Department of Human Resources in Title IV-D cases; OR  
 To require the Plaintiff or Defendant to pay a sum for the medical support of the aforementioned child(ren), if health insurance is not accessible, not available, or is not available at a reasonable cost.
6. Other: \_\_\_\_\_.

\_\_\_\_\_  
Date  
Name and Address of Attorney:

\_\_\_\_\_  
Plaintiff/Defendant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_