

Form 6-2313: Application to Modify Child Support

IN THE TRIAL COURT OF THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA

<p>_____</p> <p style="text-align: center;">Petitioner,</p> <p>vs.</p> <p>_____</p> <p style="text-align: center;">Respondent.</p>	<p>Case No. _____</p> <p style="text-align: center;">APPLICATION TO MODIFY CHILD SUPPORT</p>
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Is there any active Order of Protection with respect to the parties? **YES** **NO**

If Yes, Name of the Protected Party/ies: _____

If Yes, (*select one*) Permanent Temporary Expires on (date): _____

Name of Court & Date filed: _____

******(Attach “Order of Protection” to this Petition, and the “ Party’s Confidential Information” form.
Form can be obtained from the Clerk of Court’s Office.)******

I, _____, the Applicant, being first duly sworn,
certify that
Full Legal Name
the following information is true:

1. The full name of the Applicant is: _____.
2. Applicant’s residence is located: on the Meskwaki Settlement.
 not on the Meskwaki Settlement.
3. Applicant is OR is not an enrolled member or descendent of the Sac & Fox Tribe
of the Mississippi in Iowa.
4. The full name of the Other Party is: _____.
5. Other Party’s residence is located: on the Meskwaki Settlement.
 not on the Meskwaki Settlement.
6. Other Party is OR is not an enrolled member or descendent of the Sac & Fox Tribe
of the Mississippi in Iowa.
7. I am seeking to modify the Child Support Order entered on _____.
Date
8. Meskwaki Nation Child Support Services are OR are not involved in this case.

9. I am the obligor/payor OR obligee/payee of the existing order.

10. The following children are covered by the current child support order:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

11. The current Child Support amount should be:

- Raised
- Lowered
- Stopped

12. The current Medical Support should be:

- Changed to be provided by: _____
- Stopped
- Not Applicable

13. The Child Support amount should be changed because:

14. Other Requests or Information:

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THEREFORE, Applicant asks the Court to:

- Raise the current Child Support payment
- Lower the current Child Support payment
- End the current Child Support payment
- Change who pays for health care expenses for the child(ren)
- Other request: _____

_____.

****PLEASE WAIT TO SIGN & DATE UNTIL IN FRONT OF A NOTARY****

Signature

Date

Mailing Address

City, State, Zip Code

Phone Number

Email Address

Signed before me on ____ day of _____, 20____.

 Signature of Notary Public, State of _____

Tribal Court Staff Title: _____