The information below applies only to North Dakota

1. How can I find out if I have a “IV-D” child support case in this state?

   Contact the North Dakota State Child Support Division
   
   Phone: 701.328.3582 or 800.231.4255
   
   Mail:  Child Support
          PO Box 7190
          Bismarck, ND 58507-7280
   
   e-mail: centralofficce@cse@nd.gov
   web: www.nd.gov/dhs/services/childsupport/

2. How can I contact my child support agency?

   See above.

3. If I am incarcerated, are there any barriers to having my order changed?

   A parent must be incarcerated for at least one year to be eligible for an “early review” (described below).

4. Do you provide any materials online that I can use to ask for a change to my child support order?

   Yes, there are modification forms for parents without lawyers available at: http://www.ndcourts.gov/court/forms/childsup/forms.htm. See attached.

   Note parents requesting a review by the child support program do not need to use these forms.

5. Do you have any printed materials I could read to learn more about child support for parents who are incarcerated?

   Yes. There is fact sheet for incarcerated non-custodial parents, which is attached.

6. When can I ask to have my order changed?

   North Dakota reviews child support orders upon request of a party every three years. There are exceptions to the three-year rule related specifically to incarcerated parents. They are:

   • After the order was entered, the non-custodial parent was sentenced to incarceration for at least one year with no possibility of being released before actually serving at least one year. This exception also applies if the non-custodial parent was previously sentenced to incarceration for multiple years and must still serve at least one year of actual incarceration before being released.
   • The child support order was based on the non-custodial parent’s incarceration (e.g., minimum wage was imputed to the non-custodial parent) and it has been at least six months since the non-custodial parent was released from incarceration.

   If one of these exceptions applies and if it has been more than one year since the order was entered, the party is eligible for an “early review.”
7. How do I request the change?

North Dakota reviews all child support orders that are at least three years old upon the request of a party. There are exceptions to the “three-year” review, which includes incarcerated parents. If the non-custodial parent has an order that is less than three-years old, and feels their case meets a “three-year exception” (which includes incarcerated parents), they may contact the Regional Child Support Units to request a review.

The request for review must be in writing. No particular format or language is required except that the request must contain enough identifying information about the parties for the Regional Child Support Units to identify the correct case. Also, if the request is based on an “early review” exception, the party must describe the circumstances so that the Regional Child Support Units can determine if the exception applies.

8. What is the process after I’ve asked to have my order changed, and how long does it take?

After a parent requests a modification, the local child support agency will gather the non-custodial parent’s financial information. This information is then applied to the child support guidelines and a determination is made whether an adjustment is appropriate. Both parents have an opportunity to agree or disagree with the results and a court approves the final adjusted order. The length of this process varies depending upon individual case circumstances.

9. Is this process different if the other parent agrees to the change in advance?

No, but if both parents are in agreement with the modified amount, the process will generally take less time than if the modification is contested.

10. Does it cost anything to try to have my order changed?

No.

11. If I am incarcerated, do I need to do anything else to have my order changed?

If the order is at least three years old or if an “early review” exception applies, the child support program will initiate the process for a review and adjustment upon request of a party.

12. If I am incarcerated, does my state have any programs to help me with child support?

Yes. North Dakota’s child support guidelines were amended in 2011 to place limitations on “imputing income” for child support orders when a non-custodial parent is incarcerated. The guidelines reduce the amount of income that can be imputed based on the amount of time the parent has been incarcerated so that the longer a parent is incarcerated, the lower the child support obligation.

13. Can I get help with child support questions from other sources?

The North Dakota Supreme Court maintains a “self-represented parties” site that contains basic instructions and forms for reviews and adjustment of child support. This information can be found at: http://www.ndcourts.gov/court/forms/childsuf/forms.htm

If a case is being handled by the North Dakota child support program, and a party requests a review and the order is not three years old and no early review exception applies, the child support program has a pilot project with a legal services organization whose staff may be able to help the requesting party.

The pilot helps parents navigate the process of completing the Supreme Court forms, serving the other party with the necessary court documents, and obtaining a date for a court hearing. For more information about the pilot project, contact Paulette Oberst, policy administrator for Child Support, at 701-328-3582 or by e-mail at poberst@nd.gov.
14. Is there anything else I should know about trying to change my order?

Interest accrual on North Dakota support orders can be suspended during the time that the non-custodial parent is incarcerated. In addition, if the period of incarceration is at least five years, certain interest that has already accrued can be waived.

Post-incarceration, a non-custodial parent may be able to get assistance in finding employment by working with Child Support’s PRIDE program, a parental employment program operated jointly by Child Support and Job Service of North Dakota. Enrollment in the PRIDE program may also be a way for the non-custodial parent to avoid certain administrative enforcement tools such as drivers’ license suspension.
**Do I need to let the Child Support Enforcement program know that I am in prison?** Yes. As you will read later, you may be able to get additional help in some areas while you are in prison. Each parent is required to inform the program's State Disbursement Unit of the parent's social security number; home and mailing addresses (and any address changes); telephone number; driver's license number; employer name, address, and telephone number; and any other condition which may affect processing your case.

**Is the child support still owed while I am in prison?** Yes. You still owe child support in the amount in the court order.

**How is child support collected while I am in prison?** Child support will be taken out of any wages or assets you may have while you are in prison. However, the most that can be taken out is 50% of your wages after normal deductions. If the amount you owe is greater than what is collected, the difference will be past-due child support (arrears). If you owe arrears, those may be collected as well.

**Now that I am in prison, can I ask that my order be reviewed for a possible change in the amount?** Yes. The Child Support Enforcement program provides a service called “Review and Adjustment.” Generally the regional child support offices review child support orders that are at least three years old. However, orders that are less than three years old may be reviewed in some situations. One of these situations is if you owe child support and have been sentenced to serve at least one year with no possibility of being released before actually serving at least one year.

If you wish to request a review of your child support order, you may do so by making a written request to the regional child support office that works your case. The request should contain your name and social security number as well as the other parent's name and social security number (if known). If the order is less than three years old, and you will be in prison for at least one more year, you should include that information in your request. If you do not have a case open with a regional child support office, an application for services must also be made.

Prior to requesting a review, you should be aware that a person in prison with no other income generally will have income imputed based on full-time minimum wage. That is the amount which will then be used to determine what the child support amount will be.

The result of the review may be an increased amount, a decreased amount, or no change. Both parents are given a chance to agree or disagree with the results of the review. In any event, a court must approve any final changes to the order.

If you do not want to ask for Review and Adjustment services, you may seek a change privately. For example, you can hire a private attorney to take this action. Or you may wish to use child support modification forms that were created by the Supreme Court for parents who are representing themselves.

**Is interest charged on unpaid child support?** Yes, interest is charged on unpaid child support on North Dakota orders. Interest may or may not be charged on unpaid child support on other state's orders. On North Dakota orders, the interest rate is set by state law, and can change every year.

There are some situations in which the Child Support Enforcement program may stop charging interest. One of those is if you are in prison and the amount of interest that is being charged is more than the amount that you are able to pay towards arrears. However, this will not happen automatically. You need to contact the regional child support office to see if this can be done on your case.
Contacts

I am not sure if I have a case open with a regional child support office. How can I find out? You may contact the State Disbursement Unit Customer Service at 701.328.5540. This is a local number in Bismarck. There is also a toll-free number, 1.800.231.4255. Customer Service can also answer questions on payments.

How do I contact the regional child support office?

**BISMARCK**
Phone: 701.328.0955
Mailing Address:
   Provident Life Building
   316 N 5th St Ste 300
   PO Box 7310
   Bismarck, ND 58507-7310

**DEVILS LAKE**
Phone: 701.665.4475
Mailing Address:
   1820 Walnut St E Ste 4
   Devils Lake, ND 58301-3411

**DICKINSON**
Phone: 701.227.7424
Mailing Address:
   135 Sims Street #202
   Dickinson, ND 58601-5141

**FARGO**
Phone: 701.298.4900
Mailing Address:
   4950 13th Ave S Ste 22
   Fargo, ND 58103-7268

**GRAND FORKS**
Phone: 701.795.3960
Mailing Address:
   151 S 4th St Ste N101
   PO Box 5756
   Grand Forks, ND 58206-5756

**JAMESTOWN**
Phone: 701.253.6260
Mailing Address:
   804 13th St NE
   PO Box 427
   Jamestown, ND 58402-0427

**MINOT**
Phone: 701.857.7696
Mailing Address:
   325 28th Ave SW Ste C
   PO Box 2249
   Minot, ND 58702-2249

**WILLISTON**
Phone: 701.774.7940
Mailing Address:
   202 Main St Lower Level
   PO Box 2047
   Williston, ND 58802-2047
Child Support Forms for Self Represented Parties

The forms listed below are in portable document format. Viewing them requires the use of Adobe Acrobat Reader, a free downloadable program that can be found at the Adobe website.

The instructions for the forms can be printed out if desired. The instructions for making a Motion for Review and Amendment of Child Support are at this link. The instructions for replying to a Motion for Review and Amendment of Child Support are here.

You can fill in the blanks of the forms listed below by typing in the requested information on your computer keyboard. Print out each form when you complete your work. The form will clear when you close it.

If you do not want to fill out the forms on your computer, you can print out blank forms and fill them in by hand. An alternate version of the financial affidavit is provided if you wish to print out this form and fill it in by hand.

- **Motion Instructions** -- Instructions for Making a Motion for Review and Amendment
- **Form 1** -- Motion, Brief and Notice of Motion for Review and Amendment of Child Support
- **Form 2** -- Financial Affidavit to Support Motion
- **Form 3** -- Affidavit of Service by Mail (of Motion)
- **Reply Instructions** -- Instructions for Replying to a Motion for Review and Amendment of Child Support
- **Reply Form 1** -- Reply to Motion for Review and Amendment of Child Support
- **Reply Form 2** -- Financial Affidavit to Support Reply
- **Reply Form 3** -- Affidavit of Service by Mail (of Reply)
- **Alternate Financial Affidavit** -- Financial Affidavit for printing out (not online fillable)
North Dakota Supreme Court
Child Support Forms for Self Represented Parties

District Court Motion for Review
and Amendment of Child Support

You can use this packet of forms only if:

(1) There is already a court order setting or reserving child support;
(2) You are asking the court to change child support.

You cannot use these forms to ask the court to change visitation (parenting time) or custody!

Warnings!

• Court personnel cannot help you fill out these forms.

• You may need to speak with a lawyer if you do not know how to answer the questions on these forms, or use the North Dakota Child Support Calculator.

• You must fill out the forms included with this packet and you must follow the instructions included with this packet.

• Type your answers or print neatly using dark ink.

General Information

When filling out the forms be as accurate and as detailed as possible. This will help the court to understand your circumstances. A hearing will be held before a district court judge or referee. A court order for child support may be changed when there is:

• Substantial increase or decrease in income of the person paying child support.

• Substantial increase in the needs of the child or children involved in this court order.

• A change in the availability or cost of medical insurance coverage or expenses of the child or children, yourself, or former spouse involved in this court order.

• The addition, elimination, or substantial increase / decrease of work-related or education-related child care expenses for the child or children involved in this court order.

• Child or children attaining the age of 18; or graduating from high school.
Important Terms

To fill out these forms you must be familiar with the following terms:

- Obligor - The person ordered by the court to pay child support.
- Obligee - The person receiving child support ordered by the court.

Instructions

Step 1: Fill out the Form Entitled "Motion, Brief, and Notice of Motion for Review and Amendment of Child Support."

Step 1a: The information to fill in the blanks at the top of the form (Form 1) can be found at the top of your current child support order or your divorce or paternity decree, including:

- The county where your case is located (which may be different from the county where you live).
- The court civil file number.
- The name of the Plaintiff.
- The name of the Defendant

If you are the Plaintiff in the current order, judgment or decree you will be the Plaintiff in this motion. If you are the Defendant in the current order or decree you will be the Defendant in this motion.

Step 1b: Fill in the name and last known address of the other party. **DO NOT** fill in the date, time, and location of the hearing. You will fill in this information as part of Step 5 below.

Step 1c: In the area marked "Motion," put the date of the last order of the court. You can usually find this on the back page of the last court order. Next, check only the boxes that identify the reasons you are asking the court to consider -- you do not need to check off every box. If you have a reason that is not listed in the Motion, check the box marked "Other." You may attach additional sheets if necessary.

You may check off as many reasons as you wish, but it will be up to the court to decide what reasons will actually be considered.

If you are the obligor and are seeking a change in the child support based upon your income proceed to Step 2.

If you are an obligee and are seeking a change in the child support based upon the income of the obligor proceed to Step 4.

Step 2: Financial Information

Step 2a: Fill in the answers to questions 1 through 8 on the "Financial Affidavit" (Form 2). If a question does not apply to you,
then answer "does not apply."

Step 2b: In answering numbers 2, 3, 4, 5 and 6, gather documents that support your reasons why the support order should be changed. Examples of these documents include the following:

- Proof of your income (recent pay stubs or W-2 forms, copies of your tax return for the most recent year, or business income and business expenses if you are self employed).

- Proof of your expenses, if they are the reason you are asking for the child support order to be changed.

- Proof of unemployment or disability (lay-off notice, doctor's statement, etc.).

- Proof of status of unemployment compensation claim or worker's compensation claim.

- Proof of receipt and amount of social security income, including dependent's benefits for the children.

- Proof of child care expenses.

- Proof of the cost of medical insurance coverage (pay stubs, health insurance statements).

Step 2c: Answer question 7 with any other information that you feel would help the court in understanding your situation. You may attach additional pages if necessary.

Step 2d: Certain information is considered confidential and not available to the public. Examples of documents that have confidential information include:

- Paycheck stubs or W-2 forms, or business income and business expenses copies of your tax returns and schedules

- Bank statements

- Credit card statements

- Check registers

To protect your privacy, the other parties, and your child(ren), all social security numbers, employer identification numbers, and financial account numbers listed on papers you file with the court must be blackened out (crossed out) completely. Failure to do this means these numbers could be available to the general public.

Do not date and sign your "Financial Affidavit" until you are in the presence of a Notary Public or the Clerk of Court. Make sure to bring identification to show to the Notary Public or
Clerk of Court. A Notary Public can usually be found at a bank and sometimes at the courthouse.

WARNING: By signing your name you are telling the Court that you are telling the truth and that you are making your request in good faith. If you are not telling the truth or if you are misleading the Court or if you are serving or filing this document for an improper purpose, the Court could find you in contempt or you may be prosecuted for perjury.


You must have access to a computer. If you do not have a computer, check your local public library. Go to http://www.ndcourts.com/chldspt

Step 3a: Read and follow the instructions on the North Dakota Child Support Calculator (The Calculator) carefully. When you are ready to begin, click "Start Calculation". Select the type of calculation you want to make. Choose from the following options:

- **Standard**: Use this calculation when the children live with the obligee.

- **Split Custody**: Use this calculation when at least one child lives with the obligor and at least one child lives with the obligee.

- **Equal Physical Custody**: Use this calculation when the parties have equal physical custody, where the child(ren) live(s) exactly fifty percent of the time with each parent.

- **Multiple Families**: Use this calculation when the obligor owes duties of support payable to two or more obligees, or owes a duty of support to a child living with the obligor who is not also a child of the obligee and also owes a duty of support payable to at least one obligee.

- **Foster Care**: Use this calculation to determine child support for a child entering foster care or guardianship care.

Make your selection and proceed to the next screen following the instructions of the calculator as they apply to your situation. When you have finished, print a copy of this summary page and attach it to the document entitled Motion, Brief and Notice of Motion for Review and Amendment of Child Support.

**Return to the Motion (Form 1) and continue filling out forms**

Step 4: Finish Filling Out the Motion

Step 4a: Check one of the three boxes provided which describe your situation.
If you check the first box that you are the obligor and are not self-employed, also insert the correct amount of child support. This is the amount on the bottom of the summary page you printed out from The Calculator.

Check the second box if you are a self-employed obligor.

Check the third box if you are the obligee and will be sending the Financial Affidavit to the obligor to be filled out and returned.

**Step 4b:** Date and sign the Motion, Brief and Notice of Motion for Review and Amendment of Child Support.

**Warning:** By signing your name you are telling the court that you are telling the truth and that you are making the request in good faith. If you are not telling the truth or if you are misleading the court or if you are serving or filing this document for an improper purpose, the court could find you in contempt or you may be prosecuted for perjury.

**Step 5: Get a Hearing Date, Time, and Location**

**Step 5a:** Contact the Clerk of Court's Office in the county where your case is located. Tell the Clerk of Court that you will be filing a Motion for Review and Amendment of Child Support in district court and need a date, time, room number, address for a hearing, and the name of the judge or referee who will hear the matter. The hearing date must be at least 18 days away from the date the documents are mailed to the other party. Count the day after it is mailed as Day 1.

**Step 5b:** Using the information you received from the Clerk of Court, fill in the date, time, and location of the hearing on the form at page 1.

**Step 6: Make Copies of Forms**

**Step 6a:** After the forms are completely filled out, make two copies of the forms and two copies of all documents that support your motion (for example, paycheck stubs, tax returns, proof of expenses).

**Step 6b:** Keep one copy of each form and one copy of all supporting documents for yourself (remember to bring your copies with you to court on the day of your hearing).

**Step 6c:** Get one copy of the form titled Reply to Motion for Review to Amendment of Child Support from the Clerk of Court or the North Dakota Supreme Court website at [www.ndcourts.gov](http://www.ndcourts.gov).

**Step 7: Have Copies of the Forms and Supporting Documents Served on the Other Party**
You must arrange for the other party to receive complete copies of all forms and supporting documents you have prepared for the hearing along with the Reply to Motion for Review and Amendment of Child Support. This is called "service of process." A copy of the forms and any supporting documents may be served upon all parties by mail. If a party is represented by an attorney, the forms and supporting documents must be served on the attorney instead of the party.

The envelopes containing the forms and supporting documents must be mailed to the other party (or his/her attorney if there is one) at least 21 days before the hearing date. **If your forms and supporting documents are not served upon the other party 21 days before the hearing date, your motion may not be heard by the court.**

**Step 8: Complete the "Affidavit of Service by Mail" Form**

When you mail the forms and supporting documents, you must fill out an "Affidavit of Service by Mail" form (Form 3) for each party served.

**Note:** The person who mails the forms and supporting documents must sign the "Affidavit of Service by Mail" in front of a Notary Public or Court Clerk. Make sure the person brings picture identification to show the Notary Public or Clerk.

**Step 9: File the Forms with the Clerk of Court**

The following original forms must be filed with the clerk of court in the county where your case is located at least 18 days before the scheduled hearing.

- The original "Motion, Brief and Notice of Motion for Review and Amendment of Child Support" (Form 1).
- The original "Financial Affidavit" (Form 2) and supporting documents.
- The original "Affidavit of Service by Mail" (Form 3).

**Court Fees**

You must be prepared to pay a filing fee at the time you file this motion.

If you cannot afford to pay the fee, you may qualify to have it waived by the court. You need to fill out a Petition for Waiver of Fees (available from the Clerk of Court or the North Dakota Supreme Court website at www.ndcourts.gov) and file it with the Clerk of Court. Your application will be reviewed by a judge who will decide whether you must pay the fee. If the judge does not sign an order that waives the fee, you must be prepared to pay the fee or the clerk cannot accept your forms.
Step 10: When you receive the "Financial Affidavit" from the Obligor

If you checked the second box indicating that you have served the "Financial Affidavit" (Form 2) on the other party and have received it, follow the instructions in Step 3. Once you have completed the calculation according to Step 3 hand deliver or mail the calculation to the Clerk of Court.

Step 11: Appear at the Hearing

Come to court on the date and time scheduled for the hearing. Be sure to bring with you your copy of the forms and all of your supporting documents. You must bring enough copies of any supporting papers not already filed with the court or served on the other party so that a copy can be given to the other party and the court if you want the court to consider your supporting documents.
IN DISTRICT COURT, __________________ COUNTY, NORTH DAKOTA

Plaintiff, } 

v } MOTION, BRIEF, AND NOTICE 

vs. } OF MOTION FOR REVIEW AND 

Civil No. ________________ 

Defendant.

To:

First_____________ Middle ________________ Last _______________________________

Street Address__________________________________________________________________________________

City _____________________________ State _____________________________ Zip Code ________________

PLEASE TAKE NOTICE that on _____________________, 20_____, at ________ o’clock ___.m. in Courtroom ___ in the County Courthouse in ______________________, North Dakota, I will ask the Court for the following:

MOTION

A motion to review and amend the child support order dated ________________________ (date of existing order) is made by the obligor/obligee (circle the correct party) for the following reasons (check all that apply):

<table>
<thead>
<tr>
<th>Person Paying (Obligor)</th>
<th>Person Receiving (Obligee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of income that is not temporary</td>
<td>Increase of obligor’s income</td>
</tr>
<tr>
<td>Loss of Health Insurance Benefits</td>
<td>Increased needs of child</td>
</tr>
<tr>
<td>Change in income based on hardship caused by circumstances beyond my control</td>
<td>Health Insurance available to obligor for benefit of child</td>
</tr>
<tr>
<td>Health insurance available to obligee at no or nominal cost</td>
<td>Other</td>
</tr>
<tr>
<td>Other________________________________________</td>
<td>________________________________________________</td>
</tr>
</tbody>
</table>

1
This motion seeks an amendment of the child support order to the amount per month indicated below, or the amount as the Court finds under the North Dakota Child Support Guidelines. I affirm that (check the box that applies):

I am the obligor and am not self-employed, have attached a completed Financial Affidavit and required tax returns to this motion, have completed the necessary calculations to determine the amount of child Support, and the amount of child support is $_____________________.

I am a self-employed obligor and have submitted a completed Financial Affidavit with the required tax returns.

I am the obligee, have served the Financial Affidavit on the obligor and requested its completion, and, unless the obligor is self-employed, will submit a calculation of the amount of child support within 24 hours of the hearing if a completed Financial Affidavit is received from the obligor.

BRIEF IN SUPPORT OF MOTION

A review of child support is allowed by N.D.C.C. 14-09-08.4. The child support previously ordered may be reviewed whenever there is a change in circumstances, or after one year from the date of the last child support order, even without showing a change in circumstances.

CERTIFICATION

I (the moving party), in filing this motion, certify that the information provided in support of the motion is true and correct to the best of my knowledge, that there is good cause for making this motion for review and to amend child support, and that the motion is made in good faith and not as an attempt to harass the other party.

Dated this ____________ day of __________________________, 20______.
NOTICE TO OTHER PARTY

***** You have the right to object or respond to this motion. If you wish to object or respond to the motion, you must serve upon the other party, and file with the clerk of court, a response to this motion. A form titled Response to Motion for Review and Amendment of Child Support is available from the clerk of court or from the Supreme Court’s website at www.ndcourts.gov.

***** Your response must be in the mail and filed with the Clerk of Court within 13 days of the date of this Motion. The Court may, in its discretion, disregard any response served or filed with the Court after that date.

***** If you are the obligor, you must complete and return the Financial Affidavit accompanying this motion within 10 days after receiving it from the obligee.
FINANCIAL AFFIDAVIT

This affidavit will help you present information to the court for use in determining the correct amount of child support based on the North Dakota Child Support Guidelines. Please complete this form and sign it in front of a Notary Public. If you need more space, please attach additional pages. Additional information can also be added in the Comment section at the end. Attach all requested documents and additional pages and return to ________________________________.

1. PERSONAL BACKGROUND
Name: _____________________________
Address: ________________________________

List the names and dates of birth of your biological or adopted children who live with you:
Child’s name Date of birth
__________________________________ ____________________________
__________________________________ ____________________________
__________________________________ ____________________________
__________________________________ ____________________________

List the names and dates of birth of your biological or adopted children who do not live with you and the name of the person with whom each child lives:
Child’s Name Date of birth Lives with
__________________________________ ____________________________
__________________________________ ____________________________
__________________________________ ____________________________
__________________________________ ____________________________

List the children you claim as exemptions on your federal income tax return. If any of these children are not your biological or adopted children, please indicate the relationship (for example, stepchild).
Child’s name Relationship
__________________________________ ____________________________
__________________________________ ____________________________
__________________________________ ____________________________
__________________________________ ____________________________

Do you alternate claiming the exemption for any of your biological or adopted children with the other parent of those children? _____ Yes _____ No
If yes, list the names of the children for whom the exemption is alternated:

__________________________________________

__________________________________________

__________________________________________

Are any of your biological or adopted children for whom you claim an exemption qualifying children for purposes of the child tax credit? _____ Yes _____ No

If yes, list the names of the children who are qualifying children for purposes of the child tax credit:

__________________________________________

__________________________________________

__________________________________________

Do you and the other parent in this child support matter have split custody of your children? (Split custody means that you and the other parent have more than one child in common and you and the other parent each have custody of at least one child.)

_____ Yes _____ No

Do you and the other parent in this child support matter have equal physical custody of your children? (Equal physical custody means each parent, by court order, has physical custody of the children exactly fifty percent of the time.)

_____ Yes _____ No

Does a court order specify when you have visitation with your children?

_____ Yes _____ No

If yes, according to the court order, is the number of nights any of your children spend with you:

more than 60 of 90 consecutive nights? _____ Yes _____ No

more than an annual total of 164 nights? _____ Yes _____ No

If you answered yes to either of the last two questions, please provide the total number of court-ordered visitation nights per child, per year:

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Total number of visitation nights per year</th>
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Do the children in this child support matter receive any governmental or other benefits on your account? (Examples include dependent’s benefits from the Social Security Administration based on your disability or retirement.)
_____ Yes  _____ No

If yes, list the names of the children, the type of benefit they are receiving, and the monthly amount of such benefit:

<table>
<thead>
<tr>
<th>Child’s name</th>
<th>Type of benefit</th>
<th>Monthly amount</th>
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</table>

2. **EMPLOYMENT**

If you are working full-time (at least 40 hours per week) for at least one employer, earning at least minimum wage ($5.15 per hour), and have not changed jobs resulting in a reduction of income within the past three years, please attach a copy of your most recent federal income tax return. Include copies of all W-2 forms, 1099 forms, and schedules. Also, include copies of pay stubs showing your year-to-date income.

If you are only working part-time for one or more employers, earning less than minimum wage, or have changed jobs resulting in a reduction of income within the past three years, please attach copies of your last three federal income tax returns. Include copies of all W-2 forms, 1099 forms, and schedules. Also, include copies of your pay stubs showing year-to-date income from each employer.

For confidentiality reasons, black out all social security numbers and financial account numbers that appear on the tax forms and pay stubs you are attaching.

If you do have more than one employer, answer the questions in this section based on your primary job. Then attach additional pages to provide the same kind of information for each of your other jobs.

Employer name: ________________________________
Employer address: ______________________________
Date you started working for this employer: _______________
Occupation: ______________________________________
Rate of pay (complete the option that best describes your situation)
   Hourly: $_______ per hour; _________ hours per week
   Monthly: $_______ per month
   Annually: $_______ per year

Number of pay periods (check one)
   _____ weekly
____ 24 per year (paid twice per month)
____ 26 per year (paid every two weeks)
____ monthly
____ other __________________________

Overtime
Average number of overtime hours worked per week during the past 12 months:

Rate of pay for overtime hours: $________

Commissions and tips
Commissions: $________ per _________
Tips: $________ per _________

Bonuses
Please provide information about the type and amount of any bonuses you have received in the past 12 months: ____________________________

Employee benefits
Describe the benefits provided to you by your employer and the annual value of such benefit (examples may include paid vacation and sick leave, health insurance, employer retirement contributions, etc.):

<table>
<thead>
<tr>
<th>Benefit provided</th>
<th>Annual value</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

In-kind Income
Describe any in-kind income provided to you by your employer and the annual value of such income. (In-kind income means you are allowed to use your employer’s property or you are being provided with services at no charge or less than the customary charge. Examples include the use of living quarters, and being provided with transportation, groceries, or utilities.)

<table>
<thead>
<tr>
<th>In-kind income received</th>
<th>Annual value</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Union dues: $________ per month Name of union: __________________________
Are union dues required as a condition of employment? _____ Yes _____ No

List any professional/occupational licenses you hold: __________________________
Annual professional/occupational license fee: $_______

Is this fee paid or reimbursed by your employer? _____ Yes _____ No

Is this license required as a condition of employment? _____ Yes _____ No

Are you required, as a condition of employment, to contribute to a retirement plan? _____ Yes _____ No

If yes, monthly amount of required contribution: $________

Employee expenses

Do you have out-of-pocket expenses for special equipment or clothing required as a condition of your employment? _____ Yes _____ No

If yes, are you reimbursed for these expenses? _____ Yes _____ No

If no, what are your annual out-of-pocket expenses for these items? $________

Do you have out-of-pocket expenses for lodging when you must travel as a condition of your employment? _____ Yes _____ No

If yes, are you reimbursed for these lodging expenses? _____ Yes _____ No

If no, please provide the number of overnights in the last calendar year: ________ and this year to date: ________

3. HEALTH INSURANCE AND MEDICAL EXPENSES

Do you have access to dependent health insurance coverage? _____ Yes _____ No

If yes, please provide the following information:

Are you enrolled in the health insurance plan? _____ Yes _____ No

If you are enrolled in the plan, please provide the names of persons, including yourself, covered under the plan:

_________________________________

_________________________________

_________________________________

Name of policyholder: _________________________

Cost for health insurance is (complete all options that are available):

Single plan: $_______ per ________

Single + dependent plan: $_______ per ________

Family plan: $_______ per ________

Annual amount of out-of-pocket medical expenses you pay for the children in this child support matter to the extent those expenses are likely to continue:

<table>
<thead>
<tr>
<th>Child's name</th>
<th>Annual amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$____________</td>
</tr>
<tr>
<td></td>
<td>$____________</td>
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<tr>
<td></td>
<td>$____________</td>
</tr>
</tbody>
</table>
4. UNEMPLOYMENT
If you are currently unemployed, please provide the following information about your last employment. Also, please attach copies of your last three federal income tax returns. Include copies of all W-2 forms, 1099 forms, and schedules. For confidentiality reasons, black out all social security numbers and financial account numbers that appear on the tax forms you are attaching.

Reason for unemployment: __________________________________________
Date you became unemployed: ______________________________________
Name and address of last employer: _________________________________

Occupation: ______________________________________________________

Wages for last employment (complete the option that best described your situation)
   Hourly: $______ per hour; ________ hours per week
   Monthly: $______ per month
   Annually: $______ per year

Number of pay periods for last employment (check one)
   _____ weekly
   _____ 24 per year (paid twice per month)
   _____ 26 per year (paid every two weeks)
   _____ monthly
   _____ other ________________________________________________

Overtime
   Average number of overtime hours worked per week during the final 12 months of
   your last employment: ________
   Rate of pay for overtime hours: $________

Commissions and tips for last employment
   Commissions: $______ per __________
   Tips: $______ per __________

Bonuses
   Please provide information about the type and amount of any bonuses you received
during the final 12 months of your last employment: ______________________
   ________________________________________________________________
   ________________________________________________________________

Did you receive severance pay when you became unemployed? _____ Yes _____ No
If yes, amount received: $__________

5. SELF-EMPLOYMENT
If you are self-employed, please attach copies of your personal and business federal
income tax returns for the past five years. These include IRS forms 1040, 1065, 1120, and 1120S, as well as all related schedules. For confidentiality reasons, black out all social security numbers and financial account numbers that appear on the tax forms you are attaching.

If you have more than one self-employment activity, answer the questions in this section based on your primary activity. Then attach additional pages to provide the same kind of information for each of your other activities.

Structure of business entity:
_____ Sole proprietorship
_____ Partnership; percent ownership interest: _____
_____ Limited liability company; percent ownership interest: _____
_____ S Corporation; percent ownership interest: _____
_____ C Corporation; percent ownership interest: _____

Name of business entity: _______________________
Business address: ____________________________
____________________________

Type of business:
_____ Farming/ranching
_____ Service
_____ Retail sales
_____ Wholesale sales
_____ Other; please describe: ____________________________

Description of business activity (e.g., type of service provided, type of item(s) sold, etc.):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

How long has this business been in existence? _____ years _____ months

Names of household members who work in this business, the wage/salary paid to the household member, and household member’s job duties:

<table>
<thead>
<tr>
<th>Household member’s name</th>
<th>Wage/salary</th>
<th>Job duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>____________</td>
<td>__________________</td>
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</tbody>
</table>

6. OTHER INCOME
Workers’ compensation benefits $______ per ____________
Social security disability $______ per ____________
Social security retirement $_______ per _________
Dividends and interest $_______ per _________
Railroad retirement $_______ per _________
Veterans' benefits $_______ per _________
Other pension or retirement benefits $_______ per _________
Trust income $_______ per _________
Unemployment compensation $_______ per _________
Gifts and prizes of more than $1,000/year $_______ per _________
Refundable tax credits $_______
Gains $_______
Spousal support (alimony) payments received $_______ per _________
Military subsistence payments received $_______ per _________
Rental income $_______ per _________
Other (specify)_________________________ $_______ per _________

7. COMMENTS
Please use this section to provide any other information that you feel would help the court understand your situation:
_______________________________________________
_______________________________________________
_______________________________________________
_______________________________________________

8. Signature
I state, under penalty of perjury, that the information contained in, and attached to, this Financial Affidavit, is true and correct to the best of my knowledge.

Date: _______________ Signature: ____________________________

STATE OF _______________

County of _________________

Subscribed and sworn to before me on ________________, ______.

(SEAL) ____________________________, Notary Public
My commission expires:_____________
IN DISTRICT COURT, _______________ COUNTY, NORTH DAKOTA

Plaintiff,  

vs.  

AFFIDAVIT OF SERVICE BY MAIL  

Civil No. ________________  

Defendant.  

I, ___________________________, being first duly sworn on oath, state that on ____________________, 20______, I served the attached Motion, Brief, and Notice of Motion for Review and Amendment of Child support, and Reply documents with Instructions upon ____________________________, by placing a correct copy of each in an envelope addressed to the last known address of:  

Name: ____________________________  

Address: ____________________________  

City, State, Zip: ____________________________  

and depositing the envelope, with sufficient postage, in the United States mail at the Post Office located in (City) ____________________________, (State) _______________________.  

Signature of Person who Mailed Envelope  
(Sign only in presence of notary public or clerk of court)  

Subscribed and sworn to before me on ____________________, 20______.  

Notary Public/Clerk of Court  
If Notary: Commission expires: ________________.
North Dakota Supreme Court
Child Support Forms for Self Represented Parties

Reply to Motion for Review
and Amendment of Child Support

You can use this packet of forms only if you have been served with a motion, brief, and notice of motion for review and amendment of child support. You cannot use this form to change visitation (parenting time) or custody!

- Court personnel cannot help you fill out these forms.
- You may need to speak with a lawyer if you don't know how to answer the questions on these forms.
- You must fill out the forms included with this packet and you must follow the instructions included with this packet.
- Type your answers or print neatly using dark ink.

General Information

When filling out the forms, be as accurate and as detailed as possible. This will help the court to understand your circumstances. The hearing will be held before a district court judge or referee. A court order for support may be changed when there is:

- Substantial increase or decrease in income of the person paying child support;
- Substantial increase or decrease in need of a party or the child or children involved in this court order;
- A change in the availability or cost of medical insurance coverage or expenses of the child or children, yourself, or former spouse involved in this court order. involved in this court order;
- The addition, elimination, or substantial increase or decrease of work-related or education-related child care expenses for the child or children involved in this court order.
- Child or children attaining the age of 18; or graduating from high school.

Important Terms

To fill out these forms you must be familiar with the following terms:

- Obligor - The person court ordered to pay child support.
- Obligee - The person receiving court ordered child support.
Instructions

Step 1: Fill out the "Reply to Motion for Review and Amendment of Child Support" form

Step 1a: The information to fill in the boxes and blanks at the top of the form (Form 1) can be found at the top of your current child support order or your divorce or paternity decree, including:

- The county where your case is located (which may be different from the county where you live).
- The court civil file number.
- The name of the Plaintiff.
- The name of the Defendant.

If you are the Plaintiff in the current order or decree you will be the Plaintiff in this Reply to motion. If you are the Defendant in the current order or decree you will be the Defendant in this reply to motion.

Step 1b: Fill in the name and last known address of the other party.

Step 1c: In the area marked "Reply to Motion", check off only the boxes that list the changes you are asking the court to make, if any. You do not need to check off every box. You may check off as many changes as you wish, but it will be up to the court to decide what changes will actually be ordered.

Step 2: Financial Information

Step 2a: Fill in the answers to questions 1 through 8 on the "Financial Affidavit" (Form 2). If a question does not apply to you, then answer "does not apply."

Step 2b: In answering numbers 2, 3, 4, 5 and 6, gather documents that support your reasons why the support order should be changed, if at all. Examples of these documents include the following:

- Proof of your income (recent pay stubs or W-2 forms, copies of your tax returns for the most recent year, or business income and business expenses if you are self employed).
- Proof of your expenses, if they are the reason you are asking for the child support order to be changed.
- Proof of unemployment or disability (lay-off notice, doctor's statement, etc.).
- Proof of status of unemployment compensation claim or worker's compensation claim.
• Proof of receipt and amount of social security income.

• Proof of child care expenses.

• Proof of the cost of medical or dental insurance coverage, or both (pay stubs, health insurance statements).

**Step 2c:** Answer question 7 with any other information that you feel would help the court in understanding your situation. You may attach additional pages if necessary.

**Step 2d:** Certain information is considered confidential and not available to the public. Examples of documents that have confidential information include:

• Paycheck stubs or W-2 forms, or business income and business expenses copies of your tax returns and schedules

• Bank statements

• Credit card statements

• Check registers

To protect your privacy, the other parties, and your child(ren), all social security numbers, employer identification numbers, and financial account numbers listed on papers you file with the court must be blackened out (crossed out) completely. Failure to do this means these numbers could be available to the general public.

**Do not date and sign your "Financial Affidavit" until you are in the presence of a Notary Public or the Clerk of Court. Make sure to bring identification to show to the Notary Public or the Clerk of Court. A Notary Public can usually be found at a bank and sometimes at the courthouse.**

**Warning:** By signing your name you are telling the Court that you are telling the truth and that you have a good faith reason for your requests. If you are not telling the truth or if you are misleading the Court or if you are serving or filing this document for an improper purpose, the Court could find you in contempt or you may be prosecuted for perjury.

**Step 3: Make Copies of Forms**

**Step 3a:** After the forms are completely filled out, make three copies of the "Reply to Motion for Review and Amendment of Child Support" form (Form 1) and three copies of your "Financial Affidavit" form (Form 2) and three copies of all supporting documents (for example, paycheck stubs, tax returns, proof of expenses).
Step 3b: Keep one copy of each form and one copy of all supporting documents for yourself (make sure to bring your copies with you to court on the day of your hearing).

Step 4: Have Copies of the Forms and Supporting Documents Served on the Other Party

You must arrange for the other party to receive complete copies of all forms and supporting documents you have prepared for the hearing. This is called "service of process." A copy of the Reply to Motion for Review and Amendment of Child Support, Financial Affidavit, and supporting documents must be served upon all parties by mail. If a party is represented by an attorney, the forms and supporting documents must be served on the attorney instead of the party.

The envelopes containing the forms and supporting documents must be mailed to the other party (or his/her attorney if there is one) within 17 days of service of the Notice of Motion and Motion for Review and Amendment of Child Support.

Step 5: Complete the "Affidavit of Service by Mail" Form

The person who hand delivers or mails the forms and supporting documents must fill out an "Affidavit of Service by Mail" form (Form 3) for each party served. You will need to make additional copies of the blank "Affidavit of Service by Mail" form.

Note: The person who mails the forms and supporting documents must sign the "Affidavit of Service by Mail" in front of a Notary Public or the Clerk of Court. Make sure the person brings picture identification to show the Notary Public or Clerk.

Step 6: File the Forms and Supporting Documents with the Clerk of Court and Pay any Required Court Fee

The following original documents must be filed with court administration in the county where your case is located as soon as practical but no later than 5 days before the scheduled hearing.

- The original of the "Reply to Motion for Review and Amendment of Child Support" (Form 1)
- The original of the "Financial Affidavit" (Form 2) (For Obligors Only)
- The original of the "Affidavit of Service by Mail" (Form 3)

If you cannot afford to pay the fee, you may qualify to have the filing fee and motion fee waived by the court. You will need to fill out a Petition for Waiver of Fees (available from the Clerk of Court or the North Dakota Supreme Court website www.ndcourts.gov) and file it with the Clerk of Court. Your application will be reviewed by
a judge who will decide whether you must pay the fee. If the judge does not sign an order that waives the fee, you must be prepared to pay the fee or the clerk cannot accept your forms.

**Step 7: Appear at the Hearing**

Come to court on the date and time scheduled for the hearing. Be sure to bring with you your copy of the "Reply to Motion for Review and Amendment of Child Support" and "Financial Affidavit" and all of your supporting documents. You must bring enough copies of any supporting documents not already filed with the court or served on all the parties so that a copy can be given to all parties and the court if you want the court to consider your supporting documents.
IN DISTRICT COURT, ________________ COUNTY, NORTH DAKOTA

Plaintiff, } REPLY TO MOTION FOR

} REVIEW AND AMENDMENT

} OF CHILD SUPPORT

vs. }

} Civil No. ______________

 Defendant.

To:

First______________________Middle ______________ Last ______________________________

Street Address________________________________________________________________________

City _____________________________ State ____________________ Zip Code ________________

NOTICE

PLEASE TAKE NOTICE that at the hearing scheduled on _____________________, 20_____, at

________ o’clock ___m. in Courtroom _____ in the County Courthouse in _____________________,

North Dakota, by filing this Reply to Motion, I will ask the Court for the following relief

REPLY TO MOTION

Regarding the support order dated _____________________, I request that the court (check one)

a. □ should not modify the child support order.

b. □ should modify the child support order by ordering the following (check all that apply):

[ ] Increasing child support
[ ] Decreasing child support
[ ] Change health insurance provisions
[ ] Other (describe) ________________________________

(Use additional sheets if necessary.)

The facts upon which I base my request are set forth in the attached Financial Affidavit.
CERTIFICATION

I (the responding party), in filing this reply, certify that the information provided in support of the Reply to motion is true and correct to the best of my information and belief, that there is good cause for making this Reply to Motion for Review to Motion for Review and Amendment of Child Support, and that the Reply to is made in good faith and not as an attempt to harass the other party. I understand that the existing order remains in full force and effect and I must continue to comply with that order until a new order is issued.

Dated ________________________, 20______.

______________________________
My Signature

______________________________
Street Address

______________________________
City/State/Zip Code
IN DISTRICT COURT, ________________ COUNTY, NORTH DAKOTA

Plaintiff,

vs.

Defendant.

AFFIDAVIT OF SERVICE BY MAIL

I, __________________________, being first duly sworn on oath, state that on ________________, 20______, I served the attached Reply to Motion for Review and Amendment of Child support, and Notice upon ____________________________ by placing a true and correct copy of each in an envelope addressed to the last known address of:

Name: __________________________

Address: __________________________

City, State, Zip: __________________________

and depositing the envelope, with sufficient postage, in the United States mail at the Post Office located in (City) __________________________, (State) __________________________.

______________________________
Signature of Person who Mailed Envelope
(Sign only in presence of notary public or clerk of court)

Subscribed and sworn to before me on ________________, 20_______.

______________________________
Notary Public/Clerk of Court
If Notary: Commission expires: ________________.