

STATE OF VERMONT

SUPERIOR COURT  
\_\_\_\_\_ Unit

FAMILY DIVISION  
Docket No. \_\_\_\_\_

Plaintiff

Defendant

Name	DOB	<b>v.</b>	Name	DOB
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**NOTICE OF APPEARANCE  
and INTENT TO REPRESENT MYSELF**

I intend to represent myself and hereby enter my appearance with the court. No attorney will represent me in this case unless an attorney or I notify the court otherwise.

**I understand that IT IS MY RESPONSIBILITY TO:**

- 1. Notify the Court in writing if I change my address or phone number;  
and**
- 2. Send copies of any papers I file with the Court to the other party in this case.**

**All court papers may be mailed to me by first class mail at the address listed below.**

My Street Address

My Mailing Address (if different):

Town/City                  State                  Zip	Town/City                  State                  Zip
Phone Number (day) (       )	Phone Number (evening) (       )
E Mail Address	

**MOTION TO MODIFY CHILD SUPPORT, MAINTENANCE SUPPLEMENT  
and/or SPOUSAL SUPPORT**

1. I am the ☐ Plaintiff    ☐ Defendant    ☐ Office of Child Support
2. The other party is:    ☐ Plaintiff    ☐ Defendant
3. I request that the court modify a child support order issued on \_\_\_\_\_  

Date of order

☐ By this court  
☐ By another court: \_\_\_\_\_  

Name and address of Court

4. The children for whom support was ordered are:

Name	DOB	Name	DOB

5. I am the child(ren)'s: (check the applicable box)

- ☐ Parent or guardian.  
☐ Support assignee.  
☐ Other (describe): \_\_\_\_\_

6. The other party is the child(ren)'s (check the applicable box)

- ☐ Parent or guardian.  
☐ Support assignee.  
☐ Other (describe): \_\_\_\_\_

7. The obligation under the current order is.

I am required to pay: (fill in all lines that apply)

- ☐ \$ \_\_\_\_\_ per \_\_\_\_\_ in Child Support.  
☐ \$ \_\_\_\_\_ per \_\_\_\_\_ in Maintenance Supplement.  
  
☐ \$ \_\_\_\_\_ per \_\_\_\_\_ in Spousal Support (Spousal Maintenance or Alimony).

The other party is required to pay: (fill in all lines that apply)

- ☐ \$ \_\_\_\_\_ per \_\_\_\_\_ in Child Support.  
☐ \$ \_\_\_\_\_ per \_\_\_\_\_ in Maintenance Supplement.  
  
☐ \$ \_\_\_\_\_ per \_\_\_\_\_ in Spousal Support (Spousal Maintenance or Alimony).

8. I am requesting that the Court modify the child support and/or spousal support order by:

- ☐ Increasing the monthly support amount.  
☐ Decreasing the monthly support amount

9. There has been a real, substantial and unanticipated change in circumstances because:  
(check all that apply)

- ☐ My income has decreased.  
☐ My income has increased.  
☐ Other party's income has increased.  
☐ Other party's income has decreased.  
☐ I am unemployed.  
☐ Other party is unemployed.  
☐ The number of children subject to the order has changed.  
☐ It has been more than 3 years since child support was modified.  
☐ I am disabled because: \_\_\_\_\_  
☐ The child support order was issued more than three years ago.

**10.** If child support were calculated today under the Child Support Guidelines, the existing monthly support amount would:

- ☐ Increase by more than 10%.
- ☐ Decrease by more than 10%
- ☐ I do not know what the current support obligation would be under the Child Support Guidelines.

**11. In support of this motion, I have attached an Affidavit of Income and Expenses (Form 813A).**

### **REQUEST TO THE COURT**

**I request that the court:**

- ☐ Modify the monthly child support obligation using the Child Support Guidelines.
- ☐ Increase the child support obligation to \$\_\_\_\_\_ per month.
- ☐ Decrease the child support obligation to \$\_\_\_\_\_ per month.
- ☐ Increase maintenance supplement obligation \$\_\_\_\_\_ per month.
- ☐ Decrease maintenance supplement obligation \$\_\_\_\_\_ per month.
- ☐ Increase spousal support (alimony) obligation \$\_\_\_\_\_ per month.
- ☐ Decrease spousal support (alimony) obligation \$\_\_\_\_\_ per month.
- ☐ Grant any other relief this Court determines is appropriate.

**I hereby swear or affirm that the information above is true to the best of my knowledge and belief.**

Signature

Date

**Signed and sworn to before me:**

Date

Signature of Notary Public

Expiration Date