

**STATE OF NORTH CAROLINA**

Court File No.

IV-D Case No.

\_\_\_\_\_ County

In The General Court Of Justice  
District Court Division

Name And Address Of Plaintiff

Telephone Number (Optional)

**VERSUS**

Name And Address Of Defendant

Telephone Number (Optional)

**MOTION AND NOTICE OF HEARING  
FOR MODIFICATION OF  
CHILD SUPPORT ORDER**

G.S. 50-13.7; 50-13.10

**MOTION**

The undersigned moves that the Court modify the Order for Child Support now in effect in this action, and in support of this Motion states:

Date Of Current Child Support Order	Amount Of Current Child Support Obligation \$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
		<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Other (specify) _____

Since the current Order for Child Support was entered, circumstances have changed as follows:

Therefore, the undersigned requests that the Order for Child Support be modified as follows:

- 1. Increased
- 2. Decreased
- 3. Suspended
- 4. Terminated
- 5. Other:

Date	Name (Type Or Print)	Signature
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**NOTE:** On the date of the court hearing shown below, the party making this Motion should bring all financial information (wage stubs or other information showing the party's current gross income from employment or other sources, cost of health insurance for the child(ren), work-related child care costs, extraordinary expenses for the child(ren), etc.) necessary to determine the amount of child support under the child support guidelines.

<input type="checkbox"/> Plaintiff/Attorney	<input type="checkbox"/> Defendant/Attorney
<input type="checkbox"/> Other _____	

**NOTICE OF HEARING**

**NOTICE TO:**  PLAINTIFF  DEFENDANT  OTHER \_\_\_\_\_

You are notified to appear at the date, time and place shown below for a hearing on the above Motion And Notice Of Hearing For Modification Of Child Support Order. You should bring all financial information (wage stubs or other information showing your current gross income from employment or other sources, cost of health insurance for the child(ren), work-related child care costs, extraordinary expenses for the child(ren), etc.) necessary to determine the amount of child support under the child support guidelines.

Date of Hearing	Time Of Hearing <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Of Notice
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Place of Hearing	Signature
	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> CSC <input type="checkbox"/> Plaintiff/Attorney
	<input type="checkbox"/> Defendant/Attorney <input type="checkbox"/> Other _____

**CERTIFICATE OF SERVICE**

I certify that I served the above Motion and Notice by:

delivering a copy personally to:

<i>Name Of Person With Whom Copy Left</i>	<i>Name Of Person With Whom Copy Left</i>
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depositing a copy in the United States mail in an envelope bearing proper postage and addressed as follows:

<i>Name And Address</i>	<i>Name And Address</i>
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leaving a copy at the office of the attorney named below, with a partner or employee

<i>Name Of Attorney</i>	<i>Name Of Attorney</i>
<i>Party Represented</i>	<i>Party Represented</i>
<i>Person With Whom Copies Left</i>	<i>Person With Whom Copies Left</i>

<i>Date Of Service</i>	<i>Signature Of Person Who Served Motion And Notice</i>
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