

## **FACTS FOR YOU ABOUT THE PETITION TO MODIFY CHILD SUPPORT**

The Circuit Court Clerk's Office can assist you with completing a *Petition to Modify Child Support* form. The first hearing will be held at **Child Support Services at 8:30 a.m.** If no agreement is reached at the first hearing, you will be on a **1:30 p.m.** Court docket at the **Historic Courthouse** in front of the assigned Judge.

**Please complete the *Support Intake Sheet, Petition to Modify Child Support* and *Application* – if handwritten, please **print legibly** – **include additional page(s) if needed** – and return **ALL DOCUMENTS** to this office, signed and notarized, along with the appropriate filing fee:**

- **\$127.00** (\$75.00 fee + \$52.00 for service of process in Davidson County);
- **\$ 90.48** (\$75.00 fee + \$15.48 for certified mail service);
- **\$100.00** (\$75.00 fee + \$25.00 for out-of-state service through the Secretary of State); or
- **\$127.00** (\$75.00 fee + \$52.00 for out-of-county Sheriff service).

**In accordance with *Supreme Court Rule 29*, if you meet the federally mandated poverty guidelines ([click here](#) to see *Guidelines*) for family income, you may qualify to proceed as an indigent party ([click here](#) for *Affidavit of Indigency*). If you qualify, this excuses the advanced filing fee; however, this may not excuse your payment of the fee as the Court may tax court costs to you at the hearing.**

Once filed, the *Petition* is sent to the assigned Court for review. The Judge will either sign or deny the *Show Cause Order*. If the Judge denies the *Show Cause Order*, you will need to know how to proceed with setting your *Petition* for hearing after it is served on Respondent. **If the Judge approves the *Show Cause Order*, you will receive a copy of the *Order* with the hearing date and service of process will be issued to the other party. Please contact our office approximately one (1) week prior to the hearing to confirm if the Respondent has been served.** If the Respondent is not served by the Court date, then your case will not be on the docket for that day. Please contact this office at **615-862-5181** with a better address and fees for another attempt at service. We will try to serve that person again and a new Court date will be set.

**If additional attempts at service are required, \$52 will be needed for Davidson County service.**

**\*\*\*Fees may be paid by phone with valid credit/debit card\*\*\***

### **YOU WILL RECEIVE A COPY OF THE PENDING HEARING DATE BY MAIL.**

<b>1<sup>st</sup> HEARING:</b>	<b>Child Support Services Airport Executive Plaza 1321 Murfreesboro Pike, Suite 800 Nashville, TN 37217</b>
<b>1<sup>st</sup> HEARING TIME:</b>	<b>8:30 a.m.</b>
<b>2<sup>nd</sup> HEARING: (if necessary)</b>	<b>Historic Courthouse 1 Public Square, 6<sup>th</sup> Floor Nashville, TN 37201</b>
<b>2<sup>nd</sup> HEARING TIME:</b>	<b>1:30 p.m.</b>

# SUPPORT INTAKE SHEET

\_\_\_\_\_  
Petitioner

vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

.....  
Information about you (Petitioner):

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Information about Respondent:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

IN THE \_\_\_\_\_ CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

\_\_\_\_\_  
Petitioner

vs.

Case No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

**PETITION TO MODIFY CHILD SUPPORT**

Petitioner, \_\_\_\_\_, under *T.C.A. Title 36, Chapter 5*, states:

1. Petitioner is a resident of \_\_\_\_\_ County, Tennessee, and lives at \_\_\_\_\_  
\_\_\_\_\_.
2. Respondent is a resident of \_\_\_\_\_ County, Tennessee, and lives at \_\_\_\_\_  
\_\_\_\_\_.
3. Respondent is employed at \_\_\_\_\_  
\_\_\_\_\_.
4. The child(ren) for whom support is sought is(are):

**Names**

**Birthdates**

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. This(these) \_\_\_\_\_ child(ren) \_\_\_\_\_ reside(s) \_\_\_\_\_ with \_\_\_\_\_  
\_\_\_\_\_.
  6. Petitioner's \_\_\_\_\_ relationship \_\_\_\_\_ to \_\_\_\_\_ the(se) \_\_\_\_\_ child(ren) \_\_\_\_\_ is \_\_\_\_\_  
\_\_\_\_\_.
  7. Petitioner/Respondent is obligated to pay support for this(these) child(ren) because (*check appropriate section*):

\_\_\_ a. Petitioner/Respondent is legal parent by virtue of birth during marriage to (ex-spouse name) \_\_\_\_\_  
on \_\_\_\_\_ (date \_\_\_\_\_ of \_\_\_\_\_ marriage) \_\_\_\_\_

\_\_\_ b. Court *Order* of \_\_\_\_\_ Court on (date) \_\_\_\_\_  
(*Order* of paternity, legitimization, divorce, adoption, reciprocal).

8. Petitioner seeks to (***check appropriate item***):

- \_\_\_ a. Modify support:
- \_\_\_ (1) by increasing support due to a substantial and material change of circumstances.
  - \_\_\_ (2) by decreasing support due to a substantial and material change of circumstances which makes Petitioner unable to pay the support s/he is obligated to pay.
- \_\_\_ b. Other: \_\_\_\_\_  
\_\_\_\_\_

SO THE PETITIONER REQUESTS:

1. That proper process issue and an *Order* issue requiring the Respondent to appear and show cause in accordance with the requests of this *Petition*.
2. That the Court order (***check appropriate item(s)***):
  - \_\_\_ a. An increase in child support.
  - \_\_\_ b. A decrease in child support.
  - \_\_\_ c. Other: \_\_\_\_\_  
\_\_\_\_\_
3. For general relief.

\_\_\_\_\_  
PETITIONER

**PURSUANT TO T.C.A. §29-1-107, THIS IS PETITIONER'S FIRST APPLICATION FOR EXTRAORDINARY PROCESS IN THIS CAUSE.**

STATE OF TENNESSEE    )  
COUNTY OF DAVIDSON    )

\_\_\_\_\_, Petitioner, being first duly sworn, has read the foregoing *Petition*, knows the contents thereof, and states that the same is true and correct to the best of Petitioner's knowledge, information and belief.

\_\_\_\_\_  
PETITIONER

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC / CLERK

My Commission Expires: \_\_\_\_\_



To request an ADA accommodation, please contact Trey Collier at 615-880-3309.