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ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475. 1, 11478.2) (Name and Address):  	TELEPHONE NO.:  	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:		
<b>NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR</b> <input type="checkbox"/> <b>CHILD SUPPORT</b> <input type="checkbox"/> <b>SPOUSAL SUPPORT</b> <input type="checkbox"/> <b>FAMILY SUPPORT</b>		
		CASE NUMBER:

TO (name):

1. A hearing on this motion for the relief requested below will be held as follows:

a. Date:	Time:	Dept.:	Room:
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b. Address of court:  same as noted above  other (specify):

2. I am requesting the court to change the amount currently payable by  petitioner/plaintiff  respondent/defendant  other parent to the following:

a.  child support pursuant to the California child support guideline commencing (date):

b.  spousal support of: \$ \_\_\_\_\_ per month beginning (date):

c.  family support of: \$ \_\_\_\_\_ per month beginning (date):

or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified wage and earnings assignment.

4.  I am requesting the court to order the  petitioner/plaintiff  respondent/defendant  other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment.

5. (Check whichever statements are true, if any)

a.  An application for public assistance for the children is pending in (county name): \_\_\_\_\_ County.

b.  The children are receiving public assistance from (county name): \_\_\_\_\_ County.

c.  This request is made by the governmental agency providing support enforcement services in this action.

6. This request is based on

a. the attached completed *Financial Statement (Simplified)* or *Income and Expense Declaration* for the applicant.

b.  a significant change in the income of  petitioner/plaintiff  respondent/defendant  other parent

c.  the attached guideline support calculation sheet.

d.  other (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
 (TYPE OR PRINT NAME) ▶ \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

(Proof of service on reverse)

