

Request for Modification Agreement from Domestic Relations

PACSES Case # \_\_\_\_\_

Plaintiff name: \_\_\_\_\_

Defendant name: \_\_\_\_\_

Plaintiff telephone: \_\_\_\_\_

Defendant telephone: \_\_\_\_\_

Plaintiff's hourly rate: \$ \_\_\_\_\_/hr

Defendant hourly rate: \$ \_\_\_\_\_/hr

Hours worked per week: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_

Plaintiff tax filing status: \_\_\_\_\_

Defendant tax filing status: \_\_\_\_\_

(single, head of household, married or married filing separate)

# of people claimed for taxes: \_\_\_\_\_  
(including yourself)

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(including yourself)

Child care expenses you pay for child(ren)  
on this case: \$ \_\_\_\_\_/week

Child care expenses you pay for child(ren)  
on this case: \$ \_\_\_\_\_/week

Health insurance premiums you pay for  
child(ren) on this case: \$ \_\_\_\_\_/week

Health insurance premiums you pay for  
child(ren) on this case: \$ \_\_\_\_\_/week

Union dues: \$ \_\_\_\_\_/week

Union dues: \$ \_\_\_\_\_/week

Mandatory retirement: \$ \_\_\_\_\_/week

Mandatory retirement: \$ \_\_\_\_\_/week

# of children under the age of 18 other than  
child(ren) on this case: \_\_\_\_\_

Current custody arrangement for children on this case:

\_\_\_\_\_  
\_\_\_\_\_

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Amount of support you are agreeing to: \$ \_\_\_\_\_ / month current support +  
\$ \_\_\_\_\_/month towards any arrears

Date you want this change in the support order to take effect: \_\_\_\_\_

Names of children/dependents covered under the support order:

\_\_\_\_\_  
\_\_\_\_\_

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Circle which party is providing health insurance coverage: plaintiff or defendant

Indicate how parties agree to split unreimbursed medical expenses over \$250.00 per year per child

Defendant: \_\_\_\_\_ %                      Plaintiff: \_\_\_\_\_ %

Reason(s) you agree to this amount: \_\_\_\_\_

\_\_\_\_\_  
We verify that the information provided on this form is true and correct.

Plaintiff signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Defendant signature: \_\_\_\_\_                      Date: \_\_\_\_\_