

Martin Burns

Plaintiff

vs.

Gladys Burns

Defendant

**SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION - FAMILY PART
COUNTY:** _____
DOCKET NO.: FD - _____
CS NO: _____

**CIVIL ACTION
Application for Modification
of Court Order**

I, Martin Burns of full age, hereby certify the following in support of this Application/Cross Application to modify the court order of _____

I am the Plaintiff Defendant in the above-captioned matter.

Plaintiff resides at: Address: _____
City/Town _____
County _____ State FL Zip Code _____

Defendant resides at: Address: _____
City/Town _____
County _____ State FL Zip Code _____

Child <u>Andrea</u>	DOB <u>3/2/2004</u>
Child <u>Burton</u>	DOB <u>6/8/2012</u>
Child _____	DOB _____
Child _____	DOB _____

Other interested parties' name(s) and address(es):

1. Establish or Change to an Existing Child/Spousal Support Order (Note: Continue only if you have an established FD Order.)

The current Support Court Order is: \$ _____ per _____

The current Support Court Order is: \$ _____ per _____ for support of:

Name of person receiving spousal support: _____
DOB _____

I am seeking an **increase** **decrease** in **child** support payments.

Pursuant to R. 5:5-3, you are required to complete a Financial Statement for Summary Support Actions to serve on the other party, and supply the court with either your most recent Federal income tax return, and your three most recent pay stubs at the hearing.

Reason for seeking the change in child support _____

- I am seeking an **increase** **decrease** in **spousal** support payments.
Pursuant to R. 5:5-2, you must complete, supply the court and other party, with a Case Information Statement ten (10) days before the hearing.

Reason for seeking the change in Spousal support _____

- I am requesting the Court **terminate** **not terminate** child support for:
Name _____ DOB _____
 My child turned 18 years of age on _____ .
 To the best of my knowledge, my child **is not** physically or mentally disabled.
 My child **is** disabled. Describe disability:

- My child **is not** attending high school or any other special education programs.
 My child **is** attending high school or special program. Provide the name of school and most recent date(s) attended:

- My child **is** not married.
 If married, date of marriage: _____ .
 My child **is not** attending college or any other post-secondary education programs.
 My child **is** attending college or a post-secondary education program. Provide the name of the school and most recent date(s) attended:

- My child **is not** in the military.
 If in the military, date enrolled _____ and branch _____ .

- I am requesting that child/spousal support be made payable through the Probation Division.
 I am requesting that child/spousal support be paid directly to me without court involvement.

2. Enforcement of the Current Support Order (check all that apply)

- I am requesting enforcement of the current support court order of _____ . Attach a copy of the order you want enforced.
 I have already requested enforcement through Probation.

3. Establish or Change of Existing Custody/Parenting Time Court Order

- I am requesting to change the custody/parenting time terms of the current court order.
Explain the changes you are requesting.

4. Request To Relocate The Child(ren)/Opposition To Relocation

- I am applying to relocate the child(ren) listed above. I believe this move is in the best interest of the child(ren). I want to relocate the child(ren) by _____ .
New location:

Reason for relocation:

Attached is the additional information form.

I am opposed to the relocation of the children listed above. I believe this move is not in the best interest of the child(ren). Explain:

Attached is the additional information form.

5. Request to have a Bench Warrant/Detainer lifted (Incarcerated Defendants Only)

I am currently incarcerated making application to have a child support bench warrant/detainer lifted so that I may participate in a rehabilitation program. I understand that I must report to the court 30 days after my release.

Facility _____ Inmate # _____

6. The relief I am seeking is not listed above.

I am seeking the following from the court:

7. What else does the court need to know pertaining to this Application or Cross Application to modify the court order of _____ ?

Court Appearance Information

PLEASE TAKE NOTICE a hearing will be held, in the Superior Court of New Jersey, Family Part, _____ COUNTY, based upon the attached Application and Certification, to modify an order previously issued by the court.

Your appearance is mandatory. You may bring an attorney, although an attorney is not required. If you require assistance in selecting an attorney, you may contact your County Bar Association. If you cannot afford an attorney, you may contact Legal Services of New Jersey at www.lsnj.org. You may file a written response by certification opposing this application/cross application. Any written response you send to the Court must be sent to the other party. Your written response must be filed with the court and served on the other party at **least 15** days prior to the hearing date. If you fail to appear, an Order granting the relief requested by the filing party may be granted although your written response, if filed, will be considered. If you are the filer of this application you may file a certification in support of your application which shall not exceed **fifteen (15)** pages. If you are the person served with the application to modify, you may file a certification in opposition or a certification in support of a cross application which shall not exceed **twenty-five (25)** pages. Any further written responses to the above filed certifications shall not exceed **ten (10)** pages. Forms are available at njcourts.com.

- To my knowledge, DCP&P (DYFS) is is not actively involved with the child(ren).
- To my knowledge, the family is is not receiving public assistance.
- I am presently incarcerated and would like to appear; however, I understand that unless a judge orders my appearance through a court order to the facility of my incarceration, my request will be decided on the papers that I filed

I/We certify that **all** the statements made above are true. I am aware that if **any** of the statements made by me/us are willfully false, I/we am subject to punishment

Date

Signature
 Plaintiff Defendant
 Plaintiff / Cross Applicant Defendant / Cross Applicant

Date

Signature
 Co-Plaintiff Co-Defendant
 Co-Plaintiff / Co-Cross Applicant Co-Defendant / Co-Cross Applicant

Additional Information Sheet

(Use this sheet to tell the court what else you want the court to know about your reason for your application.)

Full Name: _____ **Date:** _____

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature Plaintiff/Counterclaimant