

# FL-301 Request to Change Child Support

In the District Court for \_\_\_\_\_ County, Iowa  
*(County where the current child support is ordered)*

UPON THE PETITION OF

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

PETITIONER *(As it is in the original case)*

VS

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

RESPONDENT *(As it is in the original case)*

<p><b>Case number:</b></p> <hr/> <p><b>Application to Modify Child Support Only</b> <i>(CLERK STAMPS HERE)</i></p>
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**▶ Stop! You must file this form in the same county where your current child support order is entered. If you cannot file it in the same county, see an attorney.**

**1.** Applicant's *(your)* birth date and present residence:

_____	_____	_____	_____
<i>(Full Name)</i>	<i>(Date of birth)</i>		
_____	_____	_____	_____
<i>(Present street address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip code)</i>
_____	( )	_____	
<i>(County)</i>	<i>(Phone number)</i>		

**2.** Other parent's name, birth date, and present residence:

_____	_____	_____	_____
<i>(Full Name)</i>	<i>(Date of birth)</i>		
_____	_____	_____	_____
<i>(Present street address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip code)</i>
_____	( )	_____	
<i>(County)</i>	<i>(Phone number)</i>		

**3.** If someone other than a parent gets child support in this case, write the person's name, birth date, and present address:

_____	_____	_____	_____
<i>(Full Name)</i>	<i>(Date of birth)</i>		
_____	_____	_____	_____
<i>(Present street address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip code)</i>
_____	( )	_____	
<i>(County)</i>	<i>(Phone number)</i>		

**D. GENERAL INFORMATION ABOUT THIS CASE**

**4.** Information about the current child support order:

- a. Date entered: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)
- b. County and state where the current order is entered: \_\_\_\_\_
- c. Case number on the current child support order: \_\_\_\_\_
- d. (Name): \_\_\_\_\_ pays child support in this case.  
  
(Name): \_\_\_\_\_ receives child support in this case.
- e. The current child support payment is: \$ \_\_\_\_\_ per \_\_\_\_\_  
(Week or month)

**5.** (Check if true):  A copy of the current child support order is attached.

**6.** (Check all that are true):

- The Child Support Recovery Unit (CSRU) is involved in this case.
- The Collection Services Center (CSC) is involved. The CSC number is: \_\_\_\_\_

**7.** (Check if true):

There are other child support orders for the child or children involved in this case. They are:  
(If you check this box, write in the following information):

Case # \_\_\_\_\_ County & State \_\_\_\_\_

Case # \_\_\_\_\_ County & State \_\_\_\_\_

**8.** The following children are covered by the current child support order:

<u>First, middle &amp; last initials of each child</u>	<u>Year of Birth</u>	<u>First, middle &amp; last initials of each child</u>	<u>Year of Birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

Note: If you need more lines to list the children, attach a separate sheet and check this box:

**► Stop! If there is a court order that sets up custody and you need to change custody, you cannot use this form. Talk to an attorney if you need to change custody**

- 9.** Child support should be changed because *(check all that are true)*:
- a.  There is a juvenile court order that changed where the child or children were living. The person paying support has custody of the children. *(If you check a., write in the county where the juvenile court order was entered and the case number):*  
County: \_\_\_\_\_ Case #: \_\_\_\_\_
  - b.  One or more of the children live with the parent who is paying support. There is no court order that sets up custody.
  - c.  One or more of the children no longer qualify for child support.
  - d.  My income has gone down.
  - e.  The other parent's income has gone up.
  - f.  Other reason *(explain)*: \_\_\_\_\_
- 
- 

- 10.** Child support should be *(check all that apply; if you check more than one, please explain on blank lines)*:
- a.  Raised \_\_\_\_\_
  - b.  Lowered \_\_\_\_\_
  - c.  Stopped \_\_\_\_\_
- 

- 11.** Tax deduction for the child or children. *(Check the one that is true)*:
- a.  There is no court order at this time on tax deductions.
  - b.  A court order currently says who gets the tax deduction for the child or children and it should stay the same.
  - c.  A court order currently says who gets the tax deduction for the child or children and it should be changed.

- 12.** Health care expenses for the child or children. *(Check the one that is true)*:
- a.  There is no court order at this time on who pays health care expenses.
  - b.  A court order currently says who pays for health care expenses for the child or children and it should stay the same.
  - c.  A court order currently says who pays for health care expenses and it should be changed. *(If you check this box, explain what you want in **15** – below.)*

- 13.** The other party is *(Check all that are true)*. **(If you check a. or b.: ⚡ See the instructions.)**
- a.  In the military service. *(Give the location)*: \_\_\_\_\_
  - b.  In prison or jail. *(Give the location)*: \_\_\_\_\_

- 14.** *(Check if true)*:
- There is a “protective order” or a “no contact order” between any of the parties and me. *If you check the box, write in the following information (Required)*:
    - a. County and state where the order came from: \_\_\_\_\_
    - b. Court case number: \_\_\_\_\_

15. Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. REQUEST OF THE APPLICANT (You are the Applicant)**

16. Applicant asks the court to (check all that apply):
- a.  Raise the current child support payment.
  - b.  Lower the current child support payment.
  - c.  End the current child support payment.
  - d.  Set child support for the parent who does not have the children.
  - e.  Change who gets the tax deduction for the child or children.
  - f.  Change who pays for health care expenses for the child or children.
  - g.  Order that the other party pay the court fees.
  - h.  Order that the other party pay my attorney fees.
  - i.  Other request: \_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_

**F. ATTORNEY HELP**

- (Check one) a.  An attorney did not help me prepare or fill in this paper.  
b.  An attorney helped me prepare or fill in this paper.  
(If you check b., you must fill in the following information):
- \_\_\_\_\_  
(Name of attorney or organization, if any)                      (Attorney's P.I.N. # -- Ask the attorney)
- \_\_\_\_\_  
(Business address of attorney or organization)                      (City)                      (State)                      (Zip code)
- (\_\_\_\_\_)                      (\_\_\_\_\_)  
(Attorney's phone number – required)                      (Attorney's fax number, if there is one)

**G. OATH AND SIGNATURE**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the laws of the state of Iowa that the information I have provided in this Application is true and correct.

(Your signature - Required): \_\_\_\_\_

\_\_\_\_\_  
(Your mailing address – Required)                      (City – Required)                      (State, Zip code – Required)

\_\_\_\_\_  
(E-mail address - Optional)                      (\_\_\_\_\_)                      (Fax number - Optional)

**NOTICE TO APPLICANT: You must serve this form and an Original Notice (FL-304) on the other parties. If the Child Support Recovery Unit (CSRU) is involved in this case (see item 6, above), you must also serve both forms on the CSRU. See the instructions for forms FL-301 and FL-304.**