

## Instructions for a Modification of an Order of Support Petition

**Notice:** Child support enforcement services are available to assist parties in child support cases, including preparing a petition for you. To inquire about these services, go to the Nassau County Department of Social Services Support Collection Unit at 60 Charles Lindbergh Blvd., Uniondale, NY; or call the Customer Service/Child Support Helpline at 1-888-208-4485 and choose "general child support information" when prompted; or visit the New York State website at [www.newyorkchildsupport.com](http://www.newyorkchildsupport.com).

As an alternative to these forms, a step-by-step computer program is available at [www.nycourthelp.gov](http://www.nycourthelp.gov) which can help you prepare and print a petition for modification of an order of support.

Do not make copies of these instructions, as they are for your information only.

All forms must be completed with black ink only, and printed legibly.

**To satisfy the legal requirements to have your petition for modification of an order of support considered, every question must be answered on the petition and applicable forms, and required documents must be attached. Failure to do so may result in the dismissal of your petition.**

These forms and instructions are available in the General Clerk's Office, Room 108, in the Nassau County Family Court at 1200 Old Country Road, Westbury, NY and on the Nassau County Family Court website at [www.nycourts.gov/courts/10jd/nassau/family.shtml](http://www.nycourts.gov/courts/10jd/nassau/family.shtml).

The following are required to file your petition:

- Petition (Form 4-11)→ original and 1 copy; if you file the petition in person and you bring an extra copy (3<sup>rd</sup> set), 1 copy will be stamped by the court and given back to you as proof of filing,
- Evidence documents listed in section 5 of the Petition→ 2 sets,
- Current order of Support→ if the order is a Nassau County Family Court order, then 1 copy,  
  
if the order is not a Nassau County Family Court order, then 1 copy and 1 certified copy, except if a certified copy of the order was previously submitted on a prior support matter filed after January 1, 2013, then only 1 copy,  
  
if the order is part of a judgment of divorce, all attachments are required with each copy,
- Nassau County Family Court (NCFC) Information Sheet→ original,
- Nassau County Family Court (NCFC) Paternity/Support/UIFSA Children's Information Sheet→ original(s) (one or more to include all the children in the petition).

**Page 1**

.....  
In the Matter of a Proceeding for Support  
Under Article 4 of the Family Court Act

PETITION for Modification of an  
Order of Support

Petitioner Print your name here

-AGAINST-

Respondent Print the name of the person you  
are filing the petition against here  
.....

|                         |                    |
|-------------------------|--------------------|
| File #                  | <u>leave blank</u> |
| Docket #                | <u>leave blank</u> |
| <i>(Court use only)</i> |                    |

The following refers to the numbered sections of the petition:

**1a.** Petitioner - Information: You are the petitioner (party requesting that the child support order be modified). Print your name, date of birth, address (where you reside or where you are temporarily located, including zip code).

The family court does not share personal information with the public but petitions are provided to all parties. If your address is not known to the respondent and you are requesting that your address be kept confidential from the respondent: print the word CONFIDENTIAL on the address line; include your address on the NCFC Information Sheet; check  box on the NCFC Information Sheet directly below the section for your address which asks if you are requesting to keep your address confidential. An Address Confidentiality Affidavit (General Form 21) will be mailed to you with your summons/notice. The Address Confidentiality Affidavit must be completed, then signed before a notary and brought with you to court on the first court date.

**1b.** Respondent - Information: The respondent is the person you are filing against. Print his/her name, date of birth and address, including zip code (if the address is unknown, then you must print the last known address).

**Pages 1 - 2**

**2.** Check  applicable box. If the current support order is from a court other than Nassau County Family Court, then print the required information on the line given. Fill in the date of order; the petitioner's/plaintiff's name, the respondent's/defendant's name; the Docket #/Index #; and the terms of the order.

The following check boxes direct the type and number of copies of the current support order required for filing the petition according to your particular circumstances. To satisfy the legal requirements to have your petition for modification of support considered the appropriate box must be checked and the corresponding copies of the order must be provided when filing the petition. If you need assistance with this section, go to Room 108 in the Family Court at 1200 Old Country Road in Westbury.

**Page 2**

**3.** Check the applicable box(es). Print applicable name(s) and date(s) of birth. If there are more than three children, use an additional sheet of paper and make sure to include the name(s) and date(s) of birth for each of the additional children.

4. Check ✓ one box.

**Pages 3-4**

5. Check ✓ one or more boxes labeled **A, B, and/or C**. If you check ✓ **A**, check ✓ one or more boxes labeled **a, b, c, and/or d**. Fill in the corresponding information. Any documents listed must be attached to the petition.

**Page 4**

6. Specifically list all changes that you are requesting to be made to the current order of support.

**Pages 4-5**

7. Check ✓ one box. If yes, specifically list reason(s) why you did not previously request relief from the support order directing payment prior to the arrears accruing. Arrears are the amount of support that is already past due. If you are up-to-date with your payments as ordered, print the words NO ARREARS on the lines provided.

If no, check ✓ one box.

8. Check ✓ one box.

Fill in date of current support order/judgment.

**Page 6**

Dated: fill in the date you sign the petition

Sign and print your name on the lines provided.

**After the original petition is complete, attach the evidence (if applicable) from section 5 of the petition. This is the original set. Make one copy of the original set of the petition and evidence. This copy is the second set. If required, (see section 2 of the petition) attach the certified copy of the current support order or judgment of divorce with attachment(s) (attachments must also be certified) to the original set. Attach the original NCFC Information Sheets to the original set. Attach the copy of the current support order or judgment of divorce (with attachment(s)) to the second set. Staple each set. Bring the 2 complete sets of papers to the General Clerk's Office, Room 108 of the Family Court between the hours of 9:00 a.m. and 4:45 p.m.**

**or - mail to:**

**Nassau County Family Court  
1200 Old Country Road  
Westbury, NY 11590  
Attn: General Clerk's Office, Room 108.**

**If you file the petition in person and you bring an extra copy (3rd set) of the petition, 1 copy will be stamped by the court and given back to you as proof of filing.**



Name of Respondent/Defendant: \_\_\_\_\_

Docket #/Index #: \_\_\_\_\_

Terms of the Order (state what each party is directed to do regarding support): \_\_\_\_\_

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

- The order is a Nassau County Family Court order; one copy has been provided for service on respondent.
- A certified copy of the non-Nassau County Family Court support order/judgment (with a certified copy of attachments) is attached; an additional copy has been provided for service on respondent.
- A certified copy of the non-Nassau County Family Court support order/judgment (with a certified copy of attachments) was previously submitted to Nassau County Family Court on a prior support matter filed after January 1, 2013; one copy has been provided for service on respondent.

3. The name and date of birth of each person for which support is ordered are as follows:

Custodial Parent: \_\_\_\_\_ / / ,  
(if applicable) [print name] [date of birth]

Child(ren): \_\_\_\_\_ / / ,  
[print name] [date of birth]

\_\_\_\_\_ / / ,  
[print name] [date of birth]

\_\_\_\_\_ / / .  
[print name] [date of birth]

4. Is the current support order/judgment from a NYS Family Court?  Yes  No

If no, under the terms of the support order/judgment, the court has not retained exclusive jurisdiction to modify, the support order/judgment.

5. I am seeking a modification of the current support order because [check ✓ one or more boxes- **A, B, and/or C**]:

**A.**  There has been the following change(s) in circumstances since the support order/judgment was made [check ✓ applicable box(es)]:

**a.**  Increased/Decreased needs of the child(ren) [specify]: \_\_\_\_\_

\_\_\_\_\_

I have attached the following documents as evidence [specify]: \_\_\_\_\_

\_\_\_\_\_

**b.**  Needs of the child(ren) that are not being met [specify]: \_\_\_\_\_

\_\_\_\_\_

I have attached the following documents as evidence [specify]: \_\_\_\_\_

\_\_\_\_\_

**c.**  Change in ability of respondent to pay support [specify]: \_\_\_\_\_

\_\_\_\_\_

I have attached the following documents as evidence [specify]: \_\_\_\_\_

\_\_\_\_\_

**d.**  Other [specify]:<sup>1</sup> \_\_\_\_\_

\_\_\_\_\_

I have attached the following documents as evidence [specify]: \_\_\_\_\_

\_\_\_\_\_

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<sup>1</sup>If incarceration is the basis for alleging substantial change in circumstances, so state and indicate whether or not the incarceration resulted from a charge and/or conviction for nonpayment of child support order/judgment or an offense against the custodial parent or child who is the subject of the child support order/judgment. See FCA §451(2)(a); DRL § 236B(9)(b)(2)(i).

**B.**  The parties have not specifically agreed otherwise in a validly executed agreement or stipulation and three years have passed since the order was entered, last modified or adjusted.<sup>2</sup>

**C.**  The parties have not specifically agreed otherwise in a validly executed agreement or stipulation and there has been a change in either party's gross income by fifteen percent or more since the order was entered, last modified or adjusted [state basis]:<sup>3</sup>

\_\_\_\_\_  
\_\_\_\_\_  
I have attached the following documents as evidence [specify]: \_\_\_\_\_  
\_\_\_\_\_

**6.** The support order/judgment should be modified as follows [specify]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7.** Are you the party required to pay support?  Yes  No

If yes, complete the following:

I did not make an application earlier for relief from the support order/judgment directing payment prior to the accrual of arrears because [specify reason(s)]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, check  one box below:

I have previously made an application for child support enforcement services with the Nassau County Department of Social Services Support Collection Unit (SCU) and I currently have an SCU case with this respondent; I request that the order of support be

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<sup>2</sup>This ground only applies to original or modified support orders entered on or after October 13, 2010.

<sup>3</sup>This ground only applies to original or modified support orders entered on or after October 13, 2010.

payable or continue to be payable through the New York State Office of Child Support Enforcement (OCSE).

- By filing this petition, I am now making an application for child support enforcement services with SCU. I request that the order of support be payable through OCSE. I understand that I must file additional documentation directly with SCU.
- I continue to receive child support enforcement services from SCU after the public assistance or care case has closed. I request that the order of support continue to be payable through OCSE.
- I do not wish to make an application for child support services with SCU. I request that the order of support be payable directly to me without involvement from SCU or OCSE.
- I am not eligible for child support enforcement services (the support order/judgment is for spousal support only).

8. Has there been an application made in any court, including a Native American tribunal, for the relief herein requested?  Yes  No

WHEREFORE, I respectfully request that the support order/judgment dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_, be modified as set forth above and for such other relief as the court may deem just and proper.

**NOTE:**

(1) A COURT ORDER OF SUPPORT RESULTING FROM A PROCEEDING COMMENCED BY THIS APPLICATION (PETITION) SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. SUCH COST OF LIVING ADJUSTMENT SHALL BE ON NOTICE TO BOTH PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THE RIGHT TO BE HEARD BY THE COURT AND TO PRESENT EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT ORDER IN ACCORDANCE WITH SECTION FOUR HUNDRED THIRTEEN OF THE FAMILY COURT ACT, KNOWN AS THE CHILD SUPPORT STANDARDS ACT.

(2) A PARTY SEEKING SUPPORT FOR ANY CHILD(REN) RECEIVING FAMILY ASSISTANCE SHALL HAVE A CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED BY THE SUPPORT

COLLECTION UNIT, WITHOUT FURTHER APPLICATION BY ANY PARTY. ALL PARTIES WILL RECEIVE A COPY OF THE ADJUSTED ORDER.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ADJUSTED ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Petitioner [sign name]

\_\_\_\_\_  
Petitioner [print name]

**Nassau County Family Court  
Information Sheet**

Print all information. Every box must be filled in. If you do not know the information, print the word UNKNOWN.

|                         |
|-------------------------|
| FILE # _____            |
| DOCKET # _____          |
| <i>(Court use only)</i> |

**Petitioner (Person filing petition)**

|  |  |   |                        |                                |             |
|--|--|---|------------------------|--------------------------------|-------------|
| Name: (First) (Middle) (Last)  |  |   |                        |                                |             |
| Maiden/Alias/Nickname: (First)   |  |   | (Last)                 |                                |             |
| Address: (Street)  |  | (Apt. #)  |                        |                                |             |
| (City)   |  | (State)   | (Zip Code)             | (County)                       |             |
| If your residence address and mailing address are different, check here <input type="checkbox"/> , print mailing address in this section and attach a separate paper with your name and residence address. |  |   |                        |                                |             |
| If your address is not known to the respondent and you are requesting that your address be kept confidential check box here <input type="checkbox"/> .   |  |   |                        |                                |             |
| Home Phone #: ( ) -  |  | Work Phone #: ( ) -   |                        | Cell Phone #: ( ) -            |             |
| Date of Birth: / /   |  | Race: <input type="checkbox"/> American Indian/Alaskan Native |                        | Ethnic Origin:                 |             |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   |  | <input type="checkbox"/> Asian/Pacific Islander               |                        | <input type="checkbox"/> Black |             |
|  |  | <input type="checkbox"/> Other [specify]: _____               |                        | <input type="checkbox"/> White |             |
| Social Security #: - -   |  | Height: ft. in.   | Weight: lbs            | Eye Color:                     | Hair Color: |
| Distinguishing Marks:  |  |   | Driver's License ID #: | State:                         |             |
| Are you employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Employer's Name:<br>Employer's Address:   |  |   |                        |                                |             |

**Respondent (Person you are filing petition against)**

|  |  |   |                        |                                |             |
|--|--|---|------------------------|--------------------------------|-------------|
| Name: (First) (Middle) (Last)  |  |   |                        |                                |             |
| Maiden/Alias/Nickname: (First)   |  |   | (Last)                 |                                |             |
| Address: (Street)  |  | (Apt. #)  |                        |                                |             |
| (City)   |  | (State)   | (Zip Code)             | (County)                       |             |
| If the respondent's residence address and mailing address are different, check here <input type="checkbox"/> , print mailing address in this section and attach a separate paper with the respondent's name and residence address. |  |   |                        |                                |             |
| Home Phone #: ( ) -  |  | Work Phone #: ( ) -   |                        | Cell Phone #: ( ) -            |             |
| Date of Birth: / /   |  | Race: <input type="checkbox"/> American Indian/Alaskan Native |                        | Ethnic Origin:                 |             |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female   |  | <input type="checkbox"/> Asian/Pacific Islander               |                        | <input type="checkbox"/> Black |             |
|  |  | <input type="checkbox"/> Other [specify]: _____               |                        | <input type="checkbox"/> White |             |
| Social Security #: - -   |  | Height: ft. in.   | Weight: lbs            | Eye Color:                     | Hair Color: |
| Distinguishing Marks:  |  |   | Driver's License ID #: | State:                         |             |
| Is respondent employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Employer's Name:<br>Employer's Address:   |  |   |                        |                                |             |

**Nassau County Family Court  
Paternity/Support/UIFSA  
Children's Information Sheet**

Every box must be filled in. If you do not know the information, print the word UNKNOWN.

|                         |
|-------------------------|
| FILE # _____            |
| DOCKET # _____          |
| <i>(Court use only)</i> |

|                  |
|------------------|
| <b>Child # 1</b> |
|------------------|

|               |          |        |
|---------------|----------|--------|
| Name: (First) | (Middle) | (Last) |
|---------------|----------|--------|

|                   |        |         |            |          |          |
|-------------------|--------|---------|------------|----------|----------|
| Address: (Street) | (City) | (State) | (Zip Code) | (Apt. #) | (County) |
|-------------------|--------|---------|------------|----------|----------|

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

|                    |  |                        |
|--------------------|--|------------------------|
| Date of Birth: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security #: - - |
|--------------------|--|------------------------|

|                  |
|------------------|
| <b>Child # 2</b> |
|------------------|

|               |          |        |
|---------------|----------|--------|
| Name: (First) | (Middle) | (Last) |
|---------------|----------|--------|

|                   |        |         |            |          |          |
|-------------------|--------|---------|------------|----------|----------|
| Address: (Street) | (City) | (State) | (Zip Code) | (Apt. #) | (County) |
|-------------------|--------|---------|------------|----------|----------|

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

|                    |  |                        |
|--------------------|--|------------------------|
| Date of Birth: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security #: - - |
|--------------------|--|------------------------|

|                  |
|------------------|
| <b>Child # 3</b> |
|------------------|

|               |          |        |
|---------------|----------|--------|
| Name: (First) | (Middle) | (Last) |
|---------------|----------|--------|

|                   |        |         |            |          |          |
|-------------------|--------|---------|------------|----------|----------|
| Address: (Street) | (City) | (State) | (Zip Code) | (Apt. #) | (County) |
|-------------------|--------|---------|------------|----------|----------|

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

|                    |  |                        |
|--------------------|--|------------------------|
| Date of Birth: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security #: - - |
|--------------------|--|------------------------|

|                  |
|------------------|
| <b>Child # 4</b> |
|------------------|

|               |          |        |
|---------------|----------|--------|
| Name: (First) | (Middle) | (Last) |
|---------------|----------|--------|

|                   |        |         |            |          |          |
|-------------------|--------|---------|------------|----------|----------|
| Address: (Street) | (City) | (State) | (Zip Code) | (Apt. #) | (County) |
|-------------------|--------|---------|------------|----------|----------|

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

|                    |  |                        |
|--------------------|--|------------------------|
| Date of Birth: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security #: - - |
|--------------------|--|------------------------|