Form 342
(Rev. 5/99)

# The Family Court of the State of Delaware

**In and For ☐ New Castle ☐ Kent ☐ Sussex County**

**☐ PETITION TO MODIFY SUPPORT ORDER ☐ PETITION FOR SUPPORT ARREARS**

**DCSE # _____**

| PETITIONER | | | RESPONDENT | | | |
|---|---|---|---|---|---|---|
| | | | | | | File Number(s) |
| Address | | | Address | | | |
| | | vs | | | | Petition Number(s) |
| Attorney | Employer Name & Address | | Attorney | Employer Name & Address | | |
| Hm Ph#<br>Wk Ph# | PH# | | Hm Ph#<br>Wk Ph# | PH# | | |
| Social Security Number | DOB | | Social Security Number | DOB | | |
| Driver License # | State | | Driver License # | State | | Other State # |

IN THE INTEREST OF: (Include last name.)

| | | | | | |
|---|---|---|---|---|---|
| Name | DOB | Name | DOB | Name | DOB |
| Social Security Number | | Social Security Number | | Social Security Number | |
| Name | DOB | Name | DOB | Name | DOB |
| Social Security Number | | Social Security Number | | Social Security Number | |

Prior Court Order dated _____ required obligor to pay $_____current support plus $_____ arrears/back support per_____.

☐ MODIFICATION: PETITIONER prays the above Order be modified pursuant to the Delaware Child Support Formula.

☐ PETITIONER alleges that:

☐ it has been at least 2 ½ years since the date of the last order regarding current support

☐ there has been a change in circumstances sufficient to warrant modification, caused by:

_____

_____

☐ Other_____

☐ The existing Order does not require either parent to provide medical support for the child(ren). PETITIONER prays that the Court modify the order of support to require the RESPONDENT to provide medical support, in the form of health insurance; to provide PETITIONER with current insurance documents; and to provide unreimbursed health care expenses as required by the Delaware Child Support Formula. This request may result in a change in the amount of the support Order.

☐ Other:_____

☐ ARREARS: PETITIONER prays the Court to direct the respondent to appear in this Court to show cause why RESPONDENT should not be held in contempt and to have imposed such sanctions, penalties or other relief as the Court may deem appropriate.

☐ RESPONDENT has failed to comply with the Support Order mentioned above and is in arrears as of this date in the amount of $_____ and is therefore in contempt of said Order. The last payment was received on_____.

☐ RESPONDENT has failed to comply with the Medical Support provisions of this Order.

☐ Other:_____

☐ Establish arrears and enter a judgment that can be recorded as a lien in the Office of the Prothonotary.

_____ DATE

_____ PETITIONER/ATTORNEY