Please read directions completely

Pro Se Motion for Modification of Support

NO DRA

Note: Do not use this form if you want to increase or decrease in child support/maintenance. Use Motion to Modify <u>with DRA</u>.

Do not use this form for change of custody. Consult your attorney. This form may be used for other modifications of your support order including modifications of any ordered payment on arrears, and termination or abatements.

1. **Fill out completely**: Typed or printed legibly. Motion and Notice of Hearing Certificate of Service and Mailing, one for each party to be served (opposing party and attorney of record)

2. **Hearing date and time:** Upon completion of all forms, please contact the Johnson County Courthouse, 1st floor, "Self-Help Center" to obtain a hearing date and time. For specific question over hearings, please contact the Hearing Office of at 913-715-3668 or 913-715-3669.

3. **Provide a copy to Hearing Office**: The Hearing Office must receive a copy of all paperwork filed with the Clerk of the District Court.

4. Mail a copy of the documents to the other party: The preferred method of service is to mail the documents to the opposing party at their last known address whether they reside in this state or another. Service must be completed at least five (5) days prior to hearing date (excluding weekends and holidays), so documents must be mailed no later than eight (8) days prior to the hearing.

Clerk of the District Court is open Monday-Friday, 8:00-5:00 Last <u>completed</u> filing taken at 4:30 Mailing: Johnson County Courthouse, Attn: Self-Help Center 150 W Santa Fe Street, Olathe KS 66061 Fax: 913-715-3401 Phone: 913-715-3385 Email: DCC-Helpcenter@jocogov.org

Service Methods:

1. Service by US Mail-Postage pre-paid, to opposing parties at last known address by the undersigned pro se litigant.

2. **Certified mail service by the undersigned Pro Se Litigant** - Return of service for Certified Mail Form, must be filed with the Clerk of the Court after green card is returned and before court date.

3. Hand Delivery – A) At the person's office with a clerk or other person in charge, or, if no one is in charge, in a conspicuous place in the office; or

(B) if the person has no office or the office is closed, at the person's dwelling or usual place of abode with someone of suitable age and discretion who resides there

4. Fax - sending it by tele facsimile communication, in which event service is complete upon receipt of a confirmation generated by the transmitting machine

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

hnson County Self-Help Center	
/2021	

In the Matter of:

and

MOTION TO/FOR that the Court grant me the following relief for the following reasons:

		•
Name:		
Address:	 	 _

City, State & ZIP Code:_____

Telephone: _____

Email:

NOTICE OF HEARING

Signature:

This Motion for		has been set for hearing.
Date:	Time:	

PLACE: Johnson County Kansas Courthouse

150 W Santa Fe Street, Olathe, KS 66061

_____. I request

Case No._____

Division No._____

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

Petitioner

VS

Case No. Court No.

Respondent

CERTIFICATE OF SERVICE AND MAILING

On ______ a true copy of: _____

was sent to the below listed parties by US prepaid postal mail and in addition to electronic delivery of email to the following addresses:

Name:	
Address:	
City, State, Zip Code:_	
Email:	

Name:	
Address:	
City, State, Zip Code:	
Email:	
Email:	

Name:	
Address:	
City, State, Zip Code:	
Email:	

Filing Party's Signature or Digital Signature
Name: ______
Address: ______
City, State, Zip Code: ______

Email: _____

Johnson County Self-Help Center 07/2021