

**IN THE TRIBAL DISTRICT COURT
OF THE PRAIRIE BAND POTAWATOMI NATION
11444 158TH ROAD, MAYETTA, KS, 66509**

Name of Petitioner/Plaintiff

Case Number: _____

VS.

MOTION TO MODIFY:

CHILD CUSTODY

VISITATION

CHILD SUPPORT

Name of Respondent/Defendant

I, _____ Petitioner/Respondent named above, file this motion to request modification of custody/visitation/support for the minor child of the parties named above and make the following statements to the court, under oath:

Information about Person(s) filing this Motion:

1. Name: _____

Address: _____

Social Security #: _____ Birthdate _____ Tribal Affiliation/Enrollment #: _____

Phone Number: _____

I am the Petitioner or Respondent in the above captioned matter.

2. Information about the other party

Name: _____

Address: _____

Social Security #: _____ Birthdate _____ Tribal Affiliation /Enrollment #: _____

Phone Number: _____

The other party is the Petitioner OR Respondent in the above captioned matter.

3. Information about the child(ren) for whom I want the custody/visitation/support order changed:

Child's Name _____

Child's Name _____

Birth date _____ Age _____

Birth date _____ Age _____

Tribal Affiliation and Enrollment Number: _____

Tribal Affiliation and Enrollment Number: _____

Child's Name _____

Child's Name _____

Birth date _____ Age _____

Birth date _____ Age _____

Tribal Affiliation and Enrollment Number: _____

Tribal Affiliation and Enrollment Number: _____

4. The Order is from the Prairie Band Potawatomi District Court and is dated _____ (month, day, year).

5. **What your Order now says:** Put in WORD FOR WORD the part of the decree/order you want to change. (Use extra paper if necessary) _____

6. **Why the Decree/Order should be changed:** These are my reasons why I believe that a modification of visitation/custody/support is in the best interest of the child(ren) (Use extra pages if necessary):

REQUESTS I MAKE TO THE COURT:

A. CUSTODY

Joint Legal Custody. Request that the Petitioner and Respondent be awarded joint legal custody of the minor child(ren) with residential custody awarded to Petitioner Respondent.

OR

Sole Custody. Sole custody of said minor children should be awarded to Petitioner Respondent.

B. VISITATION to the non-custodial parent as follows:

1. Reasonable visitation as follows: _____

OR

- 2. Supervised visitation but only in the presence of another person
- 3. No visitation rights to Petitioner Respondent. Supervised visitation or no visitation is requested for the following reasons: _____

- C. **CHILD SUPPORT.** Petitioner Respondent should pay child support to the other party in the amount of \$_____ per month and payable on the first day of every month, beginning the first day of the month following the filing of this Motion.
- D. **MEDICAL AND DENTAL INSURANCE, PAYMENTS AND EXPENSES.** Petitioner Respondent should provide medial and dental insurance for the minor child(ren) and that the parties should be ordered to pay for all reasonable unreimbursed medical, dental, health-related expenses incurred for the child(ren) in proportion to their respective incomes or _____% by Petitioner and _____ % by Respondent.
- E. **INCOME TAX DEDUCTION.** Petitioner shall claim the tax deduction for _____ year and every other year thereafter. Respondent shall claim the tax deduction for _____ year and every other year thereafter.

F. **OTHER ORDERS:** _____

OATH AND VERIFICATION

State of Kansas)
 County of _____)

I swear under oath, state that I have read this Motion and all the statements are true, correct, and complete to the best of my knowledge and belief.

 Signature of Person filing document

Subscribed and sworn to before me this _____ day of _____, 20____.

 Notary Public

My commission expires: _____