



MASHANTUCKET PEQUOT TRIBAL COURT
OFFICE OF THE TRIBAL COURT CLERK
P.O. BOX 3126, MASHANTUCKET, CT 06338-3126

Mashantucket Pequot
 Tribal Nation
 Tribal Court

| | |
|-------------------------------|--|
| DOCKET NO. MPTC-CV-FR- | DATE OF MOTION: |
| , Plaintiff | Plaintiff's Address (Number, street, city, state, zip code) |
| v. | |
| , Defendant | Defendant's Address (Number, street, city, state, zip code) |

Type of Motion to Modify:

Child Support Alimony Custody Visitation Other (Specify): _____

I, _____, **the Plaintiff** **the Defendant** MPTN Family Services Officer
 (Name)

Respectfully represent that:

1. This Court issued an order dated _____ directing _____, residing at _____, to: (Complete the boxes that apply to your motion):
 (Name)
 (Number, street, city, state zip code)

| | |
|---|--|
| Pay current support in the amount of: \$ _____ every (per) _____ | Pay alimony in the amount of: \$ _____ every (per) _____ |
| Pay arrearages as follows: \$ _____ every (per) _____ on the total arrearage owed of \$ _____ as of (date) _____ | |
| Have custody of the children: (check one) Joint legal custody Sole custody | Have visitation or parenting time as follows: _____ Primary residence of children with: _____ |
| Provide health insurance coverage: No Yes | Pay _____% of unreimbursed medical expenses |
| Contribute to child care: _____ % or \$ _____ | Other (Specify): _____ |

2. You must explain briefly the facts that are the reasons why you are asking for this modification (Check appropriate box or boxes. Attach additional sheet or sheets if necessary.)

Since the date of the order, the circumstances concerning this case have changed substantially as follows:

The order for current child support is substantially different from the current child support and arrearage guidelines presumptive child support order as follows:

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3. The Plaintiff Defendant is a "deploying parent" of the Armed Forces. The facts about that deployment or mobilization are:

I ask the Court to modify the existing order or orders as follows: *(Check all that apply):*

A. Child Support *(You must file a sworn Financial Affidavit at least 5 days before the hearing)*

- | | | |
|--------------------------|----------------------------------|------------------------------------|
| Order current support | Find arrearage and order payment | Order immediate income withholding |
| Increase current support | Contribute to child care | Provide health insurance coverage |
| Decrease current support | Other _____ | |

B. Alimony *(You must file a sworn Financial Affidavit at least 5 days before the hearing)*

Increase Decrease

The amount of alimony to be paid _____

C. Custody *(You must file a sworn Financial Affidavit at least 5 days before the hearing)*

Modify custody as follows:

D. Visitation/Parenting Time *(You must file a sworn Financial Affidavit at least 5 days before the hearing)*

Modify visitation (parenting time) as follows:

E. Other (Please be specific):

| | | | |
|--|------------|------------------------------|------------------------------------|
| Signature | Print Name | Title <i>(if applicable)</i> | Date Signed |
| Address <i>(Number, street, city, state, zip code)</i> | | | Telephone <i>(Area code first)</i> |

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Order for Hearing and Summons *(To be completed by Clerk or MPTN Family Services Officer, if applicable)*

The Court orders that a hearing be held at the time and place shown below. The Court also orders the:

Plaintiff Defendant MPTN Family Services Officer to give notice to the opposing party of the Motion and of the time and place where the Court will hear it, by having a true and attested copy of the Motion and this Order served on the opposing party by any proper officer at least _____ days before the date of the hearing. Proof of service must be made to this Court at least _____ days before the date of the hearing.

| | | |
|------------------|---|------------------------------------|
| Hearing Date → | Date | Time of Hearing a.m. / p.m. |
| Court Location → | Mashantucket Pequot Tribal Court 101 Pequot Trail Mashantucket, CT 06338 | |

ORDER OF THE COURT

The foregoing motion, having been presented to this Court, and the parties having been duly heard, **IT IS HEREBY ORDERED:**

Granted Denied and Further orders *(if applicable)*:

| | |
|----------------------|---------------------|
| By the Court: | Date Signed: |
|----------------------|---------------------|

For Court Use Only:
 Fee for Motion to Modify: Paid Waived

**FAMILY RELATIONS
MOTION FOR MODIFICATION POST-JUDGMENT**

(Child Support, Custody, Visitation, Alimony)
Rev. 01/2017

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| RETURN OF SERVICE | | |
|--|--|--------|
| Service of the Motion for Modification was made by me, | DATE: | |
| NAME OF SERVER: | TITLE: | |
| Check one box below to indicate appropriate method of service | | |
| <input type="checkbox"/> | Served IN HAND upon the Plaintiff/Defendant: ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____ | |
| <input type="checkbox"/> | Left copies at the Plaintiff/Defendant's DWELLING HOUSE or USUAL PLACE OF ABODE : ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____ | |
| <input type="checkbox"/> | Served an AGENT authorized by appointment or by law to receive service: NAME OF AGENT: _____ ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____ | |
| <input type="checkbox"/> | OR, BY ORDER OF THE COURT dated _____, _____: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Mailed copies by Certified Mail/Registered Mail (certificate of mailing) to the Defendant addressed to the following address: ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____ <input type="checkbox"/> Certified/Registered Mail Article Number: Return Receipt {Green Card} Returned on: Served on: Returned unexecuted on the following date: _____ </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <input type="checkbox"/> OTHER (Please specify, e.g., by publication): _____ </div> | |
| <input type="checkbox"/> | Pursuant to M.P.R.C.P. 4d, upon an Indian Nation or Tribe; a Town, City, State, or the United States; a Corporation or Partnership; the Mashantucket Pequot Tribe, as directed in said Rule of Civil Procedure. | |
| STATEMENT OF SERVICE FEES | | |
| TRAVEL: | SERVICES: | TOTAL: |
| DECLARATION OF SERVER | | |
| I declare under penalty of perjury that the foregoing information contained in the Affidavit of Service and Statement of Service Fees is true and correct. | | |
| Date Executed: | Signature of Server: | |
| Address of Server: | | |
| COURT USE ONLY | | |
| TRIBAL COURT FILING DATE: | | |
| _____ v. _____ MPTC-_____ | | |