STATE OF NORTH DAKOTA COUNTY OF Plaintiff, vs Defendant.		IN DISTRICT COURTJUDICIAL DISTRICT		
) CHILD SUPPORT)		
		TO:		
	(First)	(Middle)		(Last)
	(Street Address)			
	(City)	(St	ate)	(Zip Code)
	RI	EPLY TO MOTION		
1.	Regarding the support order dat	ed		, I request
that t	he court (<i>check one</i>)			
	a. \Box should <u>not</u> modify the ch	nild support order.		
	b. \Box should modify the child	support order by orderir	ng the foll	owing (check all that
	apply):			

- □ Increasing child support
- Decreasing child support
- Change health insurance provisions
- Other (*describe*)
- 2. The facts upon which I base my request are set forth in the attached Financial

Declaration.

CERTIFICATION

I, the responding party, in filing this reply, certify that the information provided in support of the Reply to Motion is true and correct to the best of my information and belief, that there is good cause for making this Reply to Motion for Review to Motion for Review and Amendment of Child Support, and that the Reply to is made in good faith and not as an attempt to harass the other party. I understand that the existing order remains in full force and effect and I must continue to comply with that order until a new order is issued.

Dated

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email Address)