

STATE OF VERMONT

SUPERIOR COURT
Unit

FAMILY DIVISION
Case No. _____

Name	DOB	V.	Name	DOB
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NOTICE OF APPEARANCE & INTENT TO REPRESENT MYSELF

I do not have an attorney and will represent myself. If I decide to be represented by an attorney in the future, my attorney will notify the court of the change.

In representing myself, I understand that I **MUST**:

1. Notify the court in writing of any changes in my mailing address, phone number, or email address.
2. Give or send copies of any papers I file with the court to every other party in this case. If another party has an attorney, I will give or send copies to that party's attorney.
3. File a certificate of service with the court certifying that I have sent the papers I am filing (including this form) to all parties. I understand that I can find that form on the Vermont Judiciary website <https://www.vermontjudiciary.org/> or at the courthouse.

Court Notices and Orders

I understand that the court will send all notices and orders to me at the mailing address provided below.

Documents from Other Parties in the Case

I understand that the other parties in the case are required to provide me with a copy of all documents they file with the court. If I consent, the other parties may send me documents by email instead of by mail.

I consent to receive documents from the other parties at the email provided below:

☐ YES ☐ NO

My Mailing Address:

Address: _____

Town/City: _____ State: _____ Zip: _____

Phone Number (day): _____

Email Address: _____

MOTION TO ENFORCE CHILD SUPPORT and/or MAINTENANCE SUPPLEMENT

1. I am the ☐ Plaintiff ☐ Defendant ☐ Office of Child Support
2. The other party is the ☐ Plaintiff ☐ Defendant
3. I request that the Court enforce a child support order issued on *(date)* _____.
☐ By this Court
☐ By another Court: _____
Name of Court _____
Address of Court _____
4. The other party is required to pay: *(check the appropriate box & fill in information)*
☐ \$_____ per _____ in Child Support
☐ \$_____ per _____ in Maintenance Supplement
5. The other party has failed to: *(check all that apply)*
☐ pay Child Support as ordered by the Court.
☐ pay Maintenance Supplement as ordered by the Court.
☐ pay child's health insurance as ordered by the Court.
☐ pay medical or other expenses as ordered by the Court.
☐ follow the Child Support Order in that he/she has failed to: _____
6. The other party owes the following amounts: *(check all that apply)*
☐ \$_____ in child support as of _____.
☐ \$_____ in maintenance supplement as of _____.
☐ \$_____ for health insurance, medical or other expenses as ordered by the Court.
7. A Case Accounting Affidavit from the Office of Child Support (OCS):
☐ Is attached.
☐ Is NOT attached.
8. The other party's employer:
☐ The name of the other party's employer is: _____
☐ I do not know the name of the other party's employer.
☐ The other party is unemployed.
☐ The other party is self-employed.
9. Wage Withholding:
☐ The Court has previously ordered the other party's employer to withhold child support from his wages.
☐ The Court has NOT ordered wage withholding. *(Please note that if you wish to request expedited wage withholding, you must file a separate petition for wage withholding.)*
10. I know that the other party is aware of his/her obligation under the Order because: _____
11. This is the _____ time I have filed a petition to enforce child support against the other party.

REQUEST TO THE COURT

I request that the Court:

- ☐ Enter a Judgment against the other party for all unpaid amounts ordered by the Court.
- ☐ Order that support including arrearages be paid to:
 - ☐ The Office for Child Support on my behalf.
 - ☐ Directly to me.
- ☐ Order the other party to pay a civil penalty (up to 10%) on any amount that has been unpaid for 30 days or more.
- ☐ Order the other party to pay my reasonable attorney fees and costs for bringing this motion.
- ☐ Order the other party to conduct a good faith job search and to report when s/he gets a job.
- ☐ Grant any other relief this Court determines is appropriate.

AFFIDAVIT

In support of the motion, I state the following facts

[illegible]

I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury or other sanctions of the court.

Date

Signature

Printed Name