

STATE OF VERMONT

SUPERIOR COURT
_____ Unit

FAMILY DIVISION
Docket No. _____

Plaintiff

Defendant

Name	DOB	v.	Name	DOB
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**NOTICE OF APPEARANCE and
INTENT TO REPRESENT MYSELF**

I intend to represent myself and hereby enter my appearance with the court. No attorney will represent me in this case unless an attorney or I notify the court otherwise.

I understand that IT IS MY RESPONSIBILITY to:

- 1. Notify the Court in writing if I change my address or phone number;
and**
- 2. Send copies of any papers I file with the Court to the other party in this case.**

All court papers may be mailed to me by first class mail at the address listed below.

My Street Address			My Mailing Address (if different):		
Town/City	State	Zip	Town/City	State	Zip
Phone Number (day) ()			Phone Number (day) ()		
E Mail Address					

**MOTION TO ENFORCE CHILD SUPPORT, MAINTENANCE SUPPLEMENT
and/or SPOUSAL SUPPORT**

- 1. I am the** **Plaintiff** **Defendant** **Office of Child Support**
- 2. The other party is:** **Plaintiff** **Defendant**
- 3. I request enforcement of a support order issued on** _____ Date of order
by: **this court**
 another court _____
Name and address of Court

4. The other party is required to pay: (check all boxes that apply)
- \$ _____ per _____ in Child Support
 - \$ _____ per _____ in Maintenance Supplement

 - \$ _____ per _____ in Spousal Maintenance (Alimony)

5. The other party has failed to: (check all boxes that apply)
- pay Child Support as ordered by the court.
 - pay Maintenance Supplement as ordered by the court.
 - pay Spousal Maintenance 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:
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6. The other party owes the following amounts: (check all boxes that apply)
- \$ _____ in child support as of _____.
 - \$ _____ in maintenance supplement as of _____.
 - \$ _____ in spousal maintenance (Alimony) 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 wagewithholding.)

10. I know that the other party is aware of his/her obligation under the order because:
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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.

I hereby swear or affirm that the information above is true to the best of my knowledge and belief.

Signature of Plaintiff	Date
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Signed and sworn to before me:

Date	Signature of Notary Public	Expiration Date
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