

| STATE OF NEW MEXICO | |
|---------------------|------------|
| | , CASE NO: |
| Petitioner, | |
| V | |
| | |
| Respondent, | _, |

PETITION TO REQUEST FOR CHILD SUPPORT

In a Civil Case, the Parties are known as the Petitioner and the Respondent.

The Petitioner is the person seeking Child Support and signs the Petition.

Sometimes, the Petitioner OR Respondent is under the age of 18 years. If a Petitioner OR Respondent is under the age of 18, a parent or guardian may act on the behalf of the Petitioner OR Respondent and is encouraged to do so.

(This form is to be accompanied by the validation of the ORIGINAL Birth Certificate(s) and/or Paternity Document(s) of the Child(ren) that are listed in <u>Section #4</u> of this form at the time for filing Petition.)

1. Name of Parties:

| a. | Petition | ner: | |
|----|----------|---|------------------|
| | Mailing | g Address: | |
| | Physica | al Address: | |
| | Phone: | | |
| | Email 2 | Address: | |
| | | | |
| | | Petitioner is the natural mother / father / legal guardian. | |
| | | Petitioner is an enrolled member of the Pueblo of Acoma. | |
| | | Petitioner is an enrolled member of | _Pueblo / Tribe. |
| | П | Census Number: | |

| | b. Respondent: | | | | |
|----------|-------------------|---|-------------------|--|--|
| | | Mailing Address: | | | |
| | Physical Address: | | | | |
| | | | | | |
| | | Phone: | | | |
| | Email Address: | | | | |
| | | □ Petitioner is the natural <i>mother / father / legal guardian</i> . | | | |
| | | ☐ Petitioner is an enrolled member of the Pueblo of Acoma. | | | |
| | | Petitioner is an enrolled member of | _Pueblo / Tribe. | | |
| | | ☐ Census Number: | | | |
| | c. | Respondent: | | | |
| | C. | Mailing Address: | | | |
| | | Physical Address: | | | |
| | | I hysical Address. | | | |
| | | Phone: | | | |
| | | Email Address: | | | |
| | | ☐ Petitioner is the natural <i>mother</i> / <i>father</i> / <i>legal guardian</i> . | | | |
| | | ☐ Petitioner is an enrolled member of the Pueblo of Acoma. | | | |
| | | ☐ Petitioner is an enrolled member of | _Pueblo / Tribe. | | |
| | | ☐ Census Number: | | | |
| | | | | | |
| | | CHILD SUPPORT | | | |
| 2. Child | Sup | port: Indicate the box that applies: Description Petitioner is the natural mother / father / legal guardian. Description Petitioner is an enrolled member of the Pueblo of Acoma. | | | |
| The n | atura | ll mother / father has not contributed to the support of the child(ren) li | sted below since: | | |
| | | | | | |

| Chil | ldren (Please check box | that applies) | | | |
|-------------|--|----------------------------------|--|--|--|
| \square W | ve have child(ren), | and we have agreed on chii | ld custody / visitation. The parties are | | |
| fil | ling a petition for child ca | ustody / visitation at the sam | ne time this petition if filed. | | |
| \square W | ve have child(ren), | but we have not agreed on | child custody / visitation. | | |
| □Pe | etitioner or Respondent is | s pregnant at the time of filing | ng. | | |
| Nan | Names (For each child, please list the full legal name and date of Birth.) | | | | |
| Plea | ase bring original birth | certificate(s) and/or pater | nity paper at the time of filing: | | |
| Nan | me | Age | Date of Birth | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | this box is check, the partie | we their differences, the appointment o | | |
| Wit witr | eness(es) (Please list all a | | ical) and phone number of each | | |
| | a) Name: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Phone Number: | | | | |
| | | | | | |
| | | | | | |
| | b) Name: | | | | |
| | b) Name: Mailing Address: _ | | | | |
| | b) Name: Mailing Address: _ Physical Address: _ | | | | |

| c) | Name: | | | | |
|--------------------------------------|--|--|--|--|--|
| | Mailing Address: | | | | |
| | Physical Address: | | | | |
| | Email Address: | | | | |
| | Phone Number: | | | | |
| d) | Name: | Name: | | | |
| | Mailing Address: Physical Address: Email Address: | | | | |
| | | | | | |
| | | | | | |
| | Phone Number: | Phone Number: | | | |
| e) | Name: | | | | |
| | Mailing Address: | Mailing Address: | | | |
| | Physical Address: | | | | |
| | Email Address: | | | | |
| | Phone Number: | | | | |
| A. Determ amoun B. Set a h C. Approv | nine that t of support for the care earing date to take testi- ve any agreement filed v | be required to provide a reasonable and maintenance of the child(ren) listed above. nony and review any evidence that may be presented. with this petition. Court believes to be fair and just. | | | |
| Respectfully S | ubmitted, | Respectfully Submitted. | | | |
| Petitioner's Sig | gnature | Respondent Signature | | | |
| Print Name | Date | Print Name Date | | | |
| Mailing Addre | ss | Mailing Address | | | |
| Phone: Work/F | Home/Cell | Phone: Work/Home/Cell | | | |
| | | | | | |