

**4A-303. Child support obligation and order** (04/18).

STATE OF NEW MEXICO  
COUNTY OF DONA  
THIRD JUDICIAL DISTRICT

\_\_\_\_\_,  
Petitioner,

v.

No. \_\_\_\_\_

\_\_\_\_\_,  
Respondent.

**CHILD SUPPORT OBLIGATION AND ORDER<sup>1</sup>**

\_\_\_\_\_ and \_\_\_\_\_ are  
the parents of the children listed below.

**I. IDENTIFICATION AND CONTACT INFORMATION**

Parent's name	Physical address and phone number	Place of employment and phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's name	Year of birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

[ ] The parents shall advise each other of any change to this contact information within ten (10) days of new information becoming available.

**II. CHILD SUPPORT<sup>2</sup>**

A. **Child Support Worksheet.**<sup>3</sup> A signed child support worksheet is attached to this plan. (Complete and sign a child support worksheet prior to completing this section.)

**Child support:** \_\_\_\_\_ pays \_\_\_\_\_  
\$\_\_\_\_\_ per month. Payments shall begin on \_\_\_\_\_ (*date*) and shall  
be paid in the amount of \$\_\_\_\_\_ every [ ] week [ ] two weeks [ ] month.  
Payments shall continue each month until the youngest child turns eighteen (18); however,  
if the youngest child turns eighteen (18) while still attending high school, payments shall  
continue until the month the child graduates or turns nineteen (19), whichever occurs  
first.<sup>4</sup>

(Choose 1 or 2)

[ ] 1. This amount is the amount shown on the worksheet;

(Or)

[ ] 2. This is a deviation from the amount shown on the child support worksheet because  
(*fill in the reason here*)<sup>5</sup>

\_\_\_\_\_  
\_\_\_\_\_.

**B. Health insurance coverage<sup>6</sup>**

(Choose 1, 2, or 3)

[ ] 1. \_\_\_\_\_ (*name of parent*) shall keep  
the minor children covered by health and dental insurance under the policy of  
insurance available to [him] [her] from [his] [her] employer or other group health  
care insurance plan.

(Or)

[ ] 2. Neither parent has private health or dental insurance coverage available at a  
reasonable cost. If the children are covered under Medicaid, the child support  
obligor shall pay a cash medical support payment as determined at a subsequent  
hearing in which the State of New Mexico, Child Support Enforcement Division  
("CSED"), has been given sufficient notice, or upon the stipulation of the parties  
and with the agreement of CSED. The notification to and agreement of CSED is  
required only for cash medical support.

(Or)

[ ] 3. Other health insurance coverage shall be provided as follows:

\_\_\_\_\_  
\_\_\_\_\_.

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C. **Additional healthcare expenses to be determined by percentage.** The parents shall split the cost of uncovered necessary healthcare expenses in proportion to their income on the child support worksheet.

D. **Wage withholding of child support.**

*(Choose and complete 1 or 2)*

1. **Withhold wages for child support.** Child support payment shall be withheld from \_\_\_\_\_'s paycheck.<sup>7</sup>

*(Choose a or b)*

a. Attached is a completed Form 4A-304 NMRA Wage Withholding Order which directs all withheld payments to the Child Support Enforcement Division ("CSED").

*(Or)*

b. \_\_\_\_\_ *(name of parent)* shall take a copy of this child support obligation after it is signed by the Court to CSED to open a case and to request that CSED issue a notice of wage withholding on [his] [her] behalf.

*(Or)*

2. **Other plan.** Wage withholding is not appropriate at this time as the parents have made the following alternate arrangements for the payment of support *(describe alternate payment arrangements, subject to approval by the Court)*:

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E. **Health and dental insurance.** The parents shall do the following:

1. follow the insurance plan in selecting a doctor or dentist;
2. use doctors and dentists who are part of the insurance plan;
3. make sure each parent has a copy of the insurance card and policy; and
4. cooperate and work together to promptly submit all insurance forms.

F. **Exchange of information.** Once a year either parent can ask, in writing, for both parents to exchange the following information *(this paragraph is required by statute, Section 40-*

4-11.4 NMSA 1978):<sup>8</sup>

1. federal and state tax returns for the prior year;
2. W-2 statements for the prior year;
3. IRS form 1099s for the prior year;
4. work related day care statements for the prior year;
5. dependent medical insurance premiums for the prior year; and
6. wage and payroll statements for the four months prior to the request.

G. **Tax issues.**<sup>9</sup> This is the plan about tax issues, such as the dependency exemption, that relate to the children:

- Follow IRS regulations; or  
 Adopt another plan as follows:

\_\_\_\_\_  
\_\_\_\_\_.

H. **Other expenses.** Each parent shall provide the children with items they need while they are with that parent.

- (*If applicable*) The parents shall pay for special activities as follows:

\_\_\_\_\_  
\_\_\_\_\_.

### VERIFICATION

I affirm under oath and penalty of perjury under the laws of the State of New Mexico that I have read this document, that I agree with everything in it, and that the statements in it are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name of parent (*print*)

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Name of parent (*print*)

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Telephone

STATE OF NEW MEXICO            )  
COUNTY OF \_\_\_\_\_        ) ss

Acknowledged, signed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, the parent.

\_\_\_\_\_  
Notary public

My commission expires: \_\_\_\_\_.

STATE OF NEW MEXICO            )  
COUNTY OF \_\_\_\_\_        ) ss

Acknowledged, signed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, the parent.

\_\_\_\_\_  
Notary public

My commission expires: \_\_\_\_\_.

Approved, adopted, and ordered by the District Court

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Court Judge

#### USE NOTE

1. A child support obligation must be filed in every dissolution of marriage case if the parties have minor children or a child under nineteen years of age who is attending high school. For more information about filling out this form, *see* Form 4A-300 NMRA.

2. If child support is not paid in a timely manner, interest will be added to the amount owed at the rate provided by law. *See* NMSA 1978, Section 40-4-7.3 for accrual of interest on delinquent child support.

3. *See* NMSA 1978, Section 40-4-11.1 for the child support worksheet. An interactive version of this worksheet may be found at [www.nmcourts.com](http://www.nmcourts.com), click on "Family Law Forms." *See also* Form 4A-300 NMRA for a further explanation of the child support worksheet. The child support worksheet is used to determine the monthly child support obligation.

4. If child support is being paid for more than one child, the end of a child support obligation for a child may be a change of circumstances that justifies a different child support amount. A new child support worksheet must be completed and adopted by the court. If your

child has an intellectual or physical disability, you should consult with an attorney.

5. The judge may or may not accept a proposed change from the worksheet amount. Proposed changes may be appropriate if application of the child support guidelines would be unjust or inappropriate, or create a substantial hardship. If child support has been ordered in another proceeding, tell the court about it here and attach that child support worksheet.

6. *See* NMSA 1978, Section 40-4C-4 for medical support orders. In some circumstances the court may order both parties to provide employer-provided health insurance.

7. *See* Form 4A-304 NMRA for the Wage Withholding Order. Wage withholding is required unless the parties show good cause and make alternate payment arrangements. Wage withholding is mandatory if the children are receiving public assistance. Payments made by wage withholding go through the Title IV-D agency (CSED) and cannot be directly sent by the employer to a party. Either party may request the court to enter a Wage Withholding Order. *See also* Form 4A-300 NMRA for a further explanation of the Wage Withholding Order.

8. You need a court order to adjust child support payments.

9. Consult with a professional about tax issues that relate to any children.

[Approved by Supreme Court Order No. 13-8300-010, effective for all pleadings and papers filed on or after May 31, 2013, in all cases pending or filed on or after May 31, 2013; as amended by Supreme Court Order No. 14-8300-011, effective for all pleadings and papers filed on or after December 31, 2014, in all cases filed or pending on or after December 31, 2014; as amended by Supreme Court Order No. 15-8300-024, effective for all pleadings and papers filed after November 18, 2015.]