

Instructions to Sample Motion

Please retype or rewrite the motion

Fill in each blank with required information

****YOU MUST CIRCLE *DEFENDANT* OR *PLAINTIFF* WHERE NECESSARY****

1. Name of Court (**Circuit or District**)
2. Case Number _____
3. Custodial parents name (person receiving the child support or services from the cabinet for Families & Children)
4. Cause for your motion (ex. Reduce child support, stop child support, medical insurance, etc.)
5. Non-Custodial parents name (person paying the child support or medical insurance)
6. IVD NUMBER _____
7. Name of the Judge who will be overseeing your case Charles C. Simms III., (Division I) or Joe G. Ballard (Division II) (**Circuit Court**) or John S. Kelley V. (**District Court**)
8. Name of the Court (**Circuit or District**)
9. Day of the week that the Motion will be heard. (Monday or Wednesday)
10. Date that the Motion will be heard (**Circuit Court** is the 1st and 3rd Wednesday of every month and **District court** is the 2nd and 4th Monday of every month)
11. Time that Court begins (**Circuit Court** begins at 9:00am for **Division I**, and 10:30 am for **Division II** and **District Court** begins at 1:00 pm)
12. Cause for your motion (ex. Reduce child support, stop child support, medical insurance, etc.)
13. State the reason for your motion use supporting evidence (why the motion should be granted)
14. If you are filing for a modification you **must** include the following wording: *“You must file with the court, at least 8 days prior to the time of the hearing, a completed child support guidelines worksheet and copies of your last three pay stubs or, is self-employed, proof of your current income.”*
15. Sign your name and place your name, address, and phone number under the signature line

All motions for modifications of child support **must** have the following items attached: A completed child support guidelines worksheet & your last three pay stubs, or if you are self-employed, proof of your current income

NO motions can be filed in CRIMINAL CASES (ex. 00-M, 00-CR or 00-F) for reduction of child support or medical, these motions **MUST** be made in the CIVIL CASES (ex 00-J or 00-CI).

Please **file original with Diane Thompson**, Nelson Circuit Clerk’s Office, Nelson County Courthouse, 200 Plaza Drive Bardstown, KY 40004 and **mail a copy to** address listed in the Certification.

If you have any questions, please contact the Nelson County Attorney Child Support Division at (502) 349-1818.

COMMONWEALTH OF KENTUCKY
NELSON 1 COURT
DIVISION _____
CASE NO. 2

COMMONWEALTH OF KENTUCKY)
CABINET FOR HEALTH & FAMILY)
SERVICES, EXREL 3)
)
Plaintiff)
)
5)
IVD# 6)
Defendant)

NOTICE-MOTION
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NOTICE

You are hereby notified that the Plaintiff/Defendant will bring the following Motion on for hearing before the Hon. 7, Judge, Nelson 8 Court, on 9, 10, 2011 at 11, or as soon thereafter as the same may be heard.

MOTION

The Defendant/Plaintiff, pro se, moves the Honorable Court for _____
12. As grounds for this motion Defendant/Plaintiff states
that 13

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COMMONWEALTH OF KENTUCKY
NELSON _____ COURT
DIVISION _____
CASE NO. _____

COMMONWEALTH OF KENTUCKY)
CABINET FOR HEALTH & FAMILY)
SERVICES,)
EXREL _____)

Plaintiff)

IVD# _____)

Defendant)

NOTICE-MOTION

NOTICE

You are hereby notified that the Plaintiff/Defendant, pro se, will bring the following Motion on for hearing before the Hon. _____, Judge, Nelson _____ Court, on _____, _____, 20__ at ____:____, or as soon thereafter as the same may be heard.

MOTION

The Plaintiff/Defendant, pro se, moves the Honorable Court for _____

_____. As grounds for this motion Plaintiff/Defendant states that

DATED THIS _____ DAY, OF _____, 20____.

Signature _____

Printed Name _____

Address _____

Phone number _____

CERTIFICATION

I hereby certify that the foregoing Notice-Motion was served by mailing or delivering a true copy to the Nelson County Child Support, 602 Bloomfield Road, Bardstown, KY 40004 on this _____ day of _____, 20____.
