

Child Support Court



Tennessee child support laws dictate how much support will be paid to the custodial parent. Child support laws in Tennessee are similar to those in other states. As with all other states, Tennessee does not take lightly failure to pay child support once there is a court order, so if you are having problems with paying your child support, it is critical that you contact a qualified Tennessee Child Support attorney to help you get your payments reduced. The child support laws of most states look at only a few factors, and you may find that Tennessee child support award takes into account only: (1) How much you earn (2) How much your ex earns (3) how many children you have; and (4) What percentage of time the children are under each parent's care and control. Honorable Greg Miller serves as the Child Support Referee for the 8th Judicial District. Child Support is a part of the Circuit Court and is held twice a month. (See Child Support Calendar) Child Support Services are located in Huntsville, TN.

For more information, you can call them at (423)663-2532.

(See calendar for Child Support Court Dates)

Child Support Worksheet

Part I. Identification

Indicate the status of each parent or caretaker by placing an "X" in the appropriate column	Name of Mother:	Jane Doe	PRP	ARP	SPLIT
	Name of Father:	John Doe	X		
	Name of non-parent Caretaker:			X	
	TCSSES case #:				
	Docket #:	55555			
Court name:	Union County				
	Name(s) of Child(ren)	Date of Birth	Days with Mother	Days with Father	Days with Caretaker
	Jacob Doe	01/01/2001	284	81	
	June Doe	01/01/2003	284	81	

Part II. Adjusted Gross Income

		Mother / Column A	Father / Column B	Nonparent Caretaker / Column C
	1 Monthly Gross Income	\$ 1500.00	\$ 1500.00	
	1a Federal Benefit for child	+ 0.00	+ 0.00	
	1b Self-employment tax paid	- 0.00	- 0.00	
	1c Subtotal	\$ 1500.00	\$ 1500.00	
Use Credit Worksheet to calculate line items 1d - 1e	1d Credit for in-home children	- 0.00	- 0.00	
	1e Credit for not-in-home children	- 0.00	- 0.00	
	2 Adjusted Gross Income (AGI)	\$ 1500.00	\$ 1500.00	
	2a Combined Adjusted Gross Income	\$ 3000.00		
	3 Percentage Share of Income (PI)	50 %	50 %	

Part III. Parents' Share of BCSO

4	BCSO allotted to primary parent's household	\$ 822.00	\$ 0.00	\$ 0.00
4a	Share of BCSO owed to primary parent	\$ 0.00	\$ 411.00	
5	Each parent's average parenting time	N/A	N/A	
6	Parenting time adjustment	\$ N/A	\$ N/A	
7	Adjusted BCSO	\$ 0.00	\$ 411.00	

Part IV. Additional Expenses		Mother / Column A	Father / Column B	Nonparent Caretaker / Column C
8a	Children's portion of health insurance premium	\$ 300.00	\$ 0.00	\$ 0.00
8b	Recurring uninsured medical expenses	\$ 0.00	\$ 0.00	\$ 0.00
8c	Work-related childcare	\$ 0.00	\$ 0.00	\$ 0.00
9	Total additional expenses	\$ 300.00	\$ 0.00	\$ 0.00
10	Share of additional expenses owed	\$ 0.00	\$ 150.00	
11	Adjusted Support Obligation (ASO)	\$ 0.00	\$ 561.00	

Part V. Presumptive Child Support Order

		OBLIGATION	
12	Presumptive Child Support Order (PCSO)	\$ 0.00	\$ 561.00

* Enter the difference between the greater and smaller numbers from Line 11 except in non-parent caretaker situations.

Low Income? N (N=15% Y=7.5%)
 Current Order Flat %? N (N/Y)

Modification of Current Child Support Order	13a	Current child support order amount for the payor parent	\$ 0.00	\$ 0.00
	13b	Amount required for significant variance to exist	\$ 0.00	\$ 0.00
	13c	Actual variance between current and presumptive child support orders	\$ 0.00	\$ 0.00

Part VI. Deviations and FCSO

Deviations must be substantiated by written findings in the Child Support Order

14 Deviations (Specify): \$ 0.00 \$ 0.00

15	Final Child Support Order (FCSO)	\$ 0.00	\$ 561.00
16	FCSO adjusted for Federal benefit, Line 1a, Obligor's column	\$ 0.00	\$ 561.00

State of Tennessee - Credit Worksheet

Part I. Identification

Indicate the status of each parent or caretaker by placing an "X" in the appropriate column	Name of Mother:	Jane Doe	PRP	ARP	SPLIT
	Name of Father:	John Doe	X		
	Name of non-parent Caretaker:			X	
	TCSSES case #:				
	Docket #:	55555			
	Court name:	Union County			

Part II. Additional Children

If a parent is claiming more than five children on line 3 or line 7, use the Additional Credit sheet to list information for each child.

	Mother	Father
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Parent Income Information

1 Applicable gross income for credit worksheet

\$ 1500.00	\$ 1500.00
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In-Home Children 2 Below, list qualified children living in the parent's home (if none, skip to line 7):

Name(s) of Child(ren) for Mother	Date of Birth	Name(s) of Child(ren) for Father	Date of Birth
----------------------------------	---------------	----------------------------------	---------------

3 Number of qualified children living in the parent's home

# 0	# 0
-----	-----

4 Theoretical child support order (this parent's income on CS Schedule for number of children from line 3)

\$ 0.00	\$ 0.00
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5 75% of theoretical child support order from line 4

\$ 0.00	\$ 0.00
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Not-In-Home-Children

6 Below, list qualified children not living in the parent's home:

Name(s) of Child(ren) for Mother	Date of Birth	Name(s) of Child(ren) for Father	Date of Birth
----------------------------------	---------------	----------------------------------	---------------

7 Number of qualified children not living in the parent's home

# 0	# 0
-----	-----

8 Average documented monetary support over last 12 months

\$ 0.00	\$ 0.00
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9 Theoretical child support order (this parent's income on CS Schedule for number of children from line 7)

\$ 0.00	\$ 0.00
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10a 75% of theoretical child support order from line 9

\$ 0.00	\$ 0.00
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10b Allowable credit for not-in-home children

\$ 0.00	\$ 0.00
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Other Children (Continued from Credit Worksheet)

In- Home Children Below, list additional qualified children living in the parent's home:

Name(s) of Child(ren) for Mother	Date of Birth	Name(s) of Child(ren) for Father	Date of Birth
----------------------------------	---------------	----------------------------------	---------------

Not-In- Home Children Below, list additional qualified children not living in the parent's home:

Name(s) of Child(ren) for Mother	Date of Birth	Name(s) of Child(ren) for Father	Date of Birth
----------------------------------	---------------	----------------------------------	---------------

ISSS - Income Shares Summary Screen							
DECSSXXX	-	Inquire	Add	Update		00:00:00	
XXXXXXX		CSES - INCOME SHARES SUMMARY SCREEN (ISSS)					00-00-0000
CASE ID		TYPE	X / X	STATUS	A	CLASS XXX /	??
NCP	XXXXXXXXXXXXXXXX	ID	000000000	RTD		XX	OFFICE 000
CP	XXXXXXXXXXXXXXXX	ID	000000000	RTD		XX	USERID XXXXXXX
DOCKET	55555	# OF CHILDREN FOR THIS ORDER				2	NOTEPAD N
PARENTING TYPE	ST - STANDARD PARENTING	WORKSHEET DATE	04/23/2009				
PI MOTHER	50%	PI FATHER	50%	MOTHER		FATHER	MORE +
EACH PARENT'S AVERAGE PARENTING TIME				0		81	NP CTAKER
GROSS INCOME SUBTOTAL		LOW INCOME	N (Y/N)	1500.00		1500.00	
CREDIT FOR CHILDREN				0.00		0.00	
CHILDREN'S PORTION INS				300.00		0.00	0.00
RECURRING MEDICAL				0.00		0.00	0.00
CHILDCARE	(P / N / B)			0.00		0.00	0.00
PCSO				0.00		561.00	
DEVIATION	0.00	SSA BENEFIT	0.00				
FCSO	561.00	OBLIGEE CHANGE	(Y / N)		SV	Y (Y/N)	
AA539 - I: Successful INQUIRE.							
COMMAND ==>							
1 = HELP 3 = EXIT 4 = PROMPT 5 = CLER 6 = NOTE 7 = BKWD 8 = FRWD 11 = ORDR 12 = ISCS 13 = ANRF							

ISCS - Income Shares Children Screen

O/C	Name	DOB	IN Home	PRP/ARP
O	Jacob Doe	01/01/2001		
O	June Doe	01/01/2003		

Where to call for an application: (423) 663-2532 – Huntsville Customer Service

You must supply your name, social security number and address. May leave a message on answering machine if they do not get an answer.

Our Fax number: (423) 663-9487

Referee office (423) 566-9715

Referee fax number: (423) 562-6259

Referee home number: (423) 562-4830

Web site for child support payments: www.tennesseeanytime.org- click on Child Support Services
They can check on payment history or actually make a payment online.

Toll-Free Customer Service Line: 1-800-838-6911

Contact Numbers for Clerks and Sheriffs Departments only (please do not give out extension #'s)

Campbell	Set Support Petitions- Kathy, ext 111 Enforcement/Warrants- Cyndi, ext. 106 Attorney- Lori Phillips-Jones, ext. 107 Home (423) 569-3975 Cell (423) 215-3699
Claiborne	Set Support Petitions- Etta, ext. 112 Enforcement/Warrants- Sharon, ext. 103 Attorney- Todd Longmire, ext. 111 Home (423) 562-1367 Cell (423) 592-1367
Fentress	Set Support Petitions- Christel, ext. 109 Enforcement/Warrants- Amanda, ext. 126 Attorney- Lori Phillips-Jones, ext. 107 Home (423) 569-3975 Cell (423) 215-3699
Scott	Set Support Petitions- Christel, ext. 109 Enforcement/Warrants- Cindy, ext. 102 Attorney- Todd Longmire, ext. 111 Home (423) 562-1367 Cell (423) 592-1367
Union	Set Support Petitions- Christel, ext. 109 Enforcement/Warrants- Diane, ext. 108 Attorney- Todd Longmire, ext. 111 Home (423) 562-1367 Cell (423) 592-1367

(When serving a Petition, if the court date is already passed, please call the set support person for your county to get a new court date.)

Petition To Set Support

IN THE _____ COURT OF
_____ COUNTY, TENNESSEE

AT _____

STATE OF TENNESSEE ex. rel.,

Petitioner

v.

Respondent
SSN: _____

Docket No.

IV-D No.

File No. _____

PETITION TO SET SUPPORT

Comes the Petitioner, and would respectfully show this Honorable Court;

1. That _____ is the custodian and the Respondent is the parent of the following child:

_____, d.o.b. _____

2. The child resides with _____ in _____ County, Tennessee.

3. That the Respondent has a legal duty to support said child.

WHEREFORE, PETITIONER PRAYS:

1. That this petition be filed and proper process issue.

2. A judgement be granted against the respondent for retroactive child support on behalf of the said child and support to said child(ren) be retroactively set to the date the respondent left the home or the child(ren) began residing with this custodian.

3. The respondent be ordered to pay through the Central Child Support Recepting Unit, P.O. Box 305200, Nashville, TN 37729, monthly current child support in accordance with the State guidelines or higher if the circumstances justify an upward deviation and an additional amount to satisfy the retroactive judgment within a reasonable time.

4. A wage assignment be issued.

5. That the Respondent be ordered to provide medical insurance coverage for said child(ren) if it is available at a reasonable cost and that respondent be required to notify the DA and Clerk's offices in writing within ten(10) days if insurance is available and of any change in the insurance.

6. The respondent be required to notify the DA and Clerk's offices in writing within ten (10) days of any change as to respondent's address or employment.

7. The petitioner be granted any other relief which the Court deems appropriate.
Court costs be taxed to the respondent.

Respectfully submitted,

Authorized IV-D Representative

William Todd Longmire, BPR # 018091
Lori Phillips-Jones, BPR #020242
Assistant District Attorney General
P.O. Box 310, Huntsville, TN 37756
(423) 663-2532

OATH

STATE OF TENNESSEE
COUNTY OF SCOTT

I, _____, being duly sworn, depose and say that contents of this Petition are based on information supplied by _____, and/or the Tennessee Dept. of Human Services and are true to the best of my knowledge, information and belief.

Authorized IV-D Representative

Sworn to and before me this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires: _____

Child Support Summons

Request for a Review of Child Support Case

REQUEST FOR A REVIEW OF MY CHILD SUPPORT CASE

Name of Requesting Party:

Case # _____

Court _____

TCSES# _____

(If this information is not available, please include your social security number _____)

Other party in the case (caretaker or parent of the children):

County where you go to court : _____

Reason why you are asking that your case be reviewed:

(examples: modification- child support too high or too low, children no longer with that person, child support has not been modified in more than 3 years, change in parenting plan, respondent now has children, child has emancipated, etc.)

Submitted the _____ day of _____, _____.

Respondent

Clerk's office contact person

(Please attach a copy of the last court order if available. Thank you.)

PLEASE FAX TO CHILD SUPPORT DIVISION AT (423) 663-9487

Motion For A Rehearing Before the Referee

IN THE COURT FOR COUNTY, TENNESSEE

PETITIONER

VS.

CASE NO. _____
TCSES NO. _____

RESPONDENT

MOTION FOR A REHEARING BEFORE THE REFEREE

It appearing that one of the parties is dissatisfied with the previous decision of the court, it is hereby requested that the cause be set again before the Referee for a rehearing on the matter and that this rehearing does not waive any party's right to an appeal in this matter.

Party requesting rehearing: _____

Reason for request: _____

This the _____ day of _____, 20_____.

Signature of party requesting rehearing : _____

Witness: (may be clerk's office employee) _____

PLEASE FILE AND FAX TO CHILD SUPPORT DIVISION AT (423) 663-9487.

Request For A Hearing By The Circuit Court Judge

IN THE CIRCUIT COURT FOR UNION COUNTY, TENNESSEE

Petitioner

VS.

No. _____

Respondent

REQUEST FOR A HEARING BY THE CIRCUIT COURT JUDGE

I am dissatisfied with the decision of the Referee and, pursuant to T.C.A. 36-5-405, do hereby request a hearing by the Circuit Court Judge in regard to the above style case which was heard on the _____ day of _____, 20____.

Signature

Please print full name

NOTICE

Please be advised that the above styled cause is set before the Circuit Court Judge on the _____ day of _____, _____ at 9:00 a.m.

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing Request for a Hearing by the Circuit Court Judge was either mailed or delivered to the parties and/or counsel this the _____ day of _____, _____.

CLERK

Non-IV-Demographic Information and Update Sheet

DATE: _____

PLEASE CHECK ONE*
ORIGINAL ORDER _____
MODIFIED ORDER _____
UPDATE ORDER _____

PLEASE CHECK ONE*
STATE CASE REGISTRY _____
WAGE ASSIGNMENT _____
CENTRAL RECEIPTING _____

03/07

COMPLETE AND FAX ONE COPY TO: LOCAL NASHVILLE AREA
(615-313-6634 OR STATEWIDE (800) 701-3073)

NON-IV-D DEMOGRAPHIC INFORMATION AND UPDATE WORKSHEET
(PLEASE PRINT LEGIBLY)

DOCKET ID* _____ ORIGINAL ORDER DATE* _____
COURT CODE* _____ FAMILY VIOLENCE INDICATOR* YES OR NO

CUSTODIAL PARENT INFORMATION:

CP LAST NAME* _____ FIRST NAME* _____ MIDDLE _____
SEX _____ CP SSN* _____ DATE OF BIRTH* _____ RELATIONSHIP TO DP _____
CP MAILING ADDRESS* _____
CITY NAME* _____ STATE* _____ ZIP* _____ COUNTRY _____

NON-CUSTODIAL PARENT INFORMATION:

NCP LAST NAME* _____ FIRST NAME* _____ MIDDLE _____
SEX _____ NCP SSN* _____ DATE OF BIRTH* _____ RELATIONSHIP TO DP _____
NCP MAILING ADDRESS _____
CITY NAME _____ STATE _____ ZIP _____ COUNTRY _____
NCP EMPLOYER NAME* _____
EMPLOYER ADDRESS* _____
CITY NAME* _____ STATE* _____ ZIP* _____ COUNTRY _____

DEPENDENT INFORMATION:

DP#1: LAST NAME* _____ FIRST NAME* _____ MIDDLE _____
SEX _____ SSN _____ DATE OF BIRTH _____
DP#2: LAST NAME* _____ FIRST NAME* _____ MIDDLE _____
SEX _____ SSN _____ DATE OF BIRTH _____
DP#3: LAST NAME* _____ FIRST NAME* _____ MIDDLE _____
SEX _____ SSN _____ DATE OF BIRTH _____

*FIELDS REQUIRED.
NOTES: ADDITIONAL DEPENDENTS CAN BE ENTERED ON A SEPARATE PAGE AND FAXED TO THE ABOVE 800 NUMBER. DOCKET NUMBERS AND COURT CODE MUST BE RE-ENTERED FOR ADDITIONAL DEPENDENTS. FATHER'S AND MOTHER'S INFORMATION NEED NOT BE RE-ENTERED.

Application For A New Birth Certificate



**TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
NOTIFICATION OF ORDER OF PARENTAGE AND APPLICATION
FOR A NEW BIRTH CERTIFICATE
Tennessee Code Annotated Sections 36-2-313 and 68-3-310**

Name of Court _____ Today's Date _____
County of _____ City of _____ State of _____
Docket Number _____ Date of Decree _____

SECTION I INFORMATION CONCERNING CHILD

Name of Child Prior to Court Order _____
Social Security Number _____ Date of Birth _____
Place of Birth _____ City _____ COUNTY _____ STATE _____ Sex _____

SECTION II INFORMATION FOR NEW CERTIFICATE OF BIRTH

Name of Child _____
As Determined by Court First Middle Last

FATHER OF CHILD

MOTHER OF CHILD

Full Name _____
Date of Birth _____
Birthplace _____
STATE OR FOREIGN COUNTRY
Residential Address _____
City _____ State _____ Zip Code _____

Full Legal Name _____
Full Maiden Name _____
Date of Birth _____
Residential Address _____
City _____ State _____ Zip Code _____

Mailing Address (if different) _____
Home Telephone Number _____
Social Security Number _____
Driver's License Number _____
Employer _____
Employer's Address _____
Employer's Telephone Number _____
Health Insurance _____
Policy Number _____

Mailing Address (if different) _____
Home Telephone Number _____
Social Security Number _____
Driver's License Number _____
Employer _____
Employer's Address _____
Employer's Telephone Number _____
Health Insurance _____
Policy Number _____

INSTRUCTIONS

1. A new certificate of birth will be prepared in accordance with the law upon the completion and submission of this form and a certified copy of the court's order of parentage.
2. Enclose the \$27.00 fee required for preparation and issuance of a new birth certificate. Make check payable to Tennessee Vital Records.
3. Mail to: **Tennessee Vital Records
421 5th Avenue North
1st Floor, Central Services Bldg
Nashville, TN 37247**