

STATE OF NORTH CAROLINA

File No.

_____ County

In The General Court Of Justice
 District Superior Court Division

Name Of Plaintiff

VERSUS

Name Of Defendant

**MOTION FOR
 MODIFICATION TERMINATION
OF ORDER FOR WAGE WITHHOLDING**

G.S. 110-136.5(c)

Name And Address Of Present Employer

Name And Address Of Obligor (Employee)

MOTION

The undersigned requests of the Court that the Order To Withhold Wages To Enforce Child Support entered on _____, 2_____ be terminated modified in the following respect:

In support of this Motion, the undersigned shows the Court that:

The obligor's employment and/or the amount of the obligor's disposable wages has changed. The obligor now receives disposable wages from the employer named above and in the amount set out below.

Amount Of Disposable Wages	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
\$ _____	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Other (specify) _____

The child support Order or Judgment on which withholding is based has expired or become invalid, in that:

All arrearages are paid in full and the amount of the withholding shall be reduced to an amount sufficient to pay the obligor's continuing child support obligation.

Other adequate means are available to enforce the support obligation, in that:

The whereabouts of the child(ren) and recipient of the support payments are unknown; all valid arrearages owed to the State have been paid in full.

Other:

VERIFICATION

I, the undersigned, being first duly sworn, say that I have read this Motion and the contents are true to my own knowledge, except as to matters stated on information and belief, and as to those, I believe them to be true.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date
Signature Of Person Authorized To Administer Oaths
Signature Of Person Making Motion

Date
 Deputy CSC Assistant CSC Clerk Of Superior Court

Name And Address Of Person Making Motion

Notary
Date Commission Expires

SEAL
County Where Notarized

(Over)

NOTICE OF MOTION

TO THE DEFENDANT PLAINTIFF OTHER: _____

You are notified to appear at the place, date and time shown below for a hearing on the Motion For Modification Or Termination Of Order For Wage Withholding entered in this action.

<i>Place</i>	<i>Date Of Hearing</i>	<i>Time Of Hearing</i>	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<i>Date Of Notice</i>		
	<i>Signature</i>		
	<input type="checkbox"/> Deputy CSC	<input type="checkbox"/> Assistant CSC	<input type="checkbox"/> Clerk Of Superior Court

CERTIFICATE OF SERVICE

I certify that I served a copy of this Motion by:

delivering a copy personally to:

<i>Name Of Person With Whom Copy Left</i>	<i>Name Of Person With Whom Copy Left</i>
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depositing a copy in the United States mail in an envelope bearing proper postage and addressed as follows:

<i>Name And Address</i>	<i>Name And Address</i>
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leaving a copy at the office of the attorney named below, with a partner or employee:

<i>Name Of Attorney</i>	<i>Name Of Attorney</i>
<i>Party Represented</i>	<i>Party Represented</i>
<i>Person With Whom Copies Left</i>	<i>Person With Whom Copies Left</i>

<i>Date Of Service</i>	<i>Signature Of Person Who Served Motion And Notice</i>
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