INSTRUCTIONS FOR FILING A PETITION FOR MODIFICATION OF CHILD SUPPORT OBLIGATION

South Dakota allows either parent or a caretaker to request a South Dakota child support order to be changed. In certain situations, the Division of Child Support (DCS) may request a child support order to be changed on behalf of a parent or caretaker. In limited circumstances, another state's child support order may be modified if registered in South Dakota. Please contact DCS or your attorney for more information regarding out-of-state child support orders.

The Petition for Modification is the first step to request the child support obligation to be changed. The petitioner's appearance at the scheduled hearing is required or the petition may be dismissed.

Petitioner is the person completing this form; the other parent or party is the Respondent.

Complete all sections within the Petition for Modification packet as instructed. Carefully complete the Checklist to make sure your Petition is complete, include all required attachments, and explanations. Incomplete packets will be returned by mail and will delay the modification process.

Petitions must include a $50 Filing Fee payable by check or money order to the "Clerk of Courts", or a waiver request, or an indication that you currently receive Title 28 Public Welfare and Assistance benefits. Benefits such as: Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid, Child Care Assistance, Energy Assistance, etc. per SDCL 16-2-29(4)(a)). See the Checklist for more information. If more than one petition is filed, a $50 payment or waiver must be submitted for each petition.

Mail your complete Petition, attachments, and fee or waiver request to:

Division of Child Support
Attn: Modification Unit
700 Governors Drive
Pierre, SD 57501-2291

If you have any questions, call the Modification Unit at (605)773-4724. More information about the modification process, including a brochure explaining the process is available online at https://dss.sd.gov/childsupport/modifysupportorder.aspx.

CHECKLIST

Incomplete Petitions cannot be processed and will be returned by mail. This checklist must be completed and returned with the petition forms and required attachments identified in this checklist to be considered complete.

1. **All Petition and attachment documents must follow these instructions:**
   - ☐ All pages on white 8 ½ x 11" size paper, no other size or colors.
   - ☐ Typed or filled out using blue or black ink, no other ink color or pencil is allowed. Handwriting must be clear and easy to read print.
   - ☐ Original signatures, **no photocopied signatures**.

2. **Place a mark Yes, No, or N/A (Not Applicable) on every line to make sure your Petition is complete.** Do not mark if option is shaded.

SECTION A: FORMS

	Yes	No	N/A	DOCUMENT TITLE
A.1	☐			**CHECKLIST:** Complete, sign, and date.
A.2	☐			**PETITION FOR MODIFICATION OF CHILD SUPPORT (DSS-SE-415 FORM):** Complete, sign, and date. Write "unknown" if the other person's address or contact information is unknown, do not leave section blank.
A.3	☐			**INFORMATION REGARDING PARENTS OF CHILD(REN) FORM:** Complete.
A.4	☐			**FINANCIAL STATEMENT (DSS-SE-415A FORM):** Complete, sign, and date.
A.5	☐			**CHILD SUPPORT ORDER FILING DATA FORM (UJS/DSS FORM 089):** Complete, sign, and date.

SECTION B: ATTACHMENTS

	Yes	No	N/A	DOCUMENT TITLE
B.1	☐			**SOUTH DAKOTA CHILD SUPPORT ORDER; JUDGEMENT; DIVORCE DECREE, INCLUDING STIPULATION AND AGREEMENT; OR ADMINISTRATIVE ORDER.** Attach the most recent child support order, other support orders for consideration, and include any attachments for additional factors, if available.
B.2	☐	☐	☐	**PARENTING TIME ORDER:** A copy of your most recent parenting time order if you are requesting an abatement for parenting time or shared parenting cross credit. If there is a court order for parenting time and a copy is not included, **please explain:** Note: If no parenting time order is in place and you wish to obtain one, visit https://ujs.sd.gov/self-help/family-law-help/shared-parenting-guidelines-plans/ for information and forms to begin the process.

SECTION B: ATTACHMENTS, *CONTINUED*

	Yes	No	N/A	DOCUMENT TITLE
B.3	☐			**FINANCIAL DOCUMENTS:** Attach copies of financial documents. ➔ Most recent paycheck stub **and** ➔ Last Federal Income Tax Return with all supporting schedules and documents, include a copy of the W-2, if applicable. **Or** ➔ If self-employed, provide the most recent 3 years of tax returns. If you are not submitting the required documents, **please explain in space below**, use additional sheets as necessary. Failure to attach financial documents or explain why they are not attached will result in an incomplete Petition. 1. **Paycheck stub:** 2. **Federal Income Tax Return:** 3. **Self-employed, 3-years tax returns:** Note: Submitted financial documents are handled as confidential by the court and will not be available to the public per SDCL 15-15A-2(1)-(3). The other party to this action is not considered "the public" and may have access to this information.
B.4	☐	☐	☐	**DEPENDENT HEALTH INSURANCE COVERAGE AND COST:** If available, attach verification of health insurance coverage, including the premiums.
B.5	☐	☐	☐	**CHILD CARE COSTS:** If available, attach verification of childcare expenses
B.6	☐	☐		**PROTECTION ORDER:** Is a protection order or any other order that prohibits release of information involving the parties in effect? If yes, attach a copy of the order. ☐ Check if unknown Note: As part of the court record, your address may still be released to the non-petitioning party during modification proceedings, even if a protection order exists. If there is no protection order in place and you wish to obtain one, visit https://ujs.sd.gov/self-help/civil-law-help/protection-orders/ for more information and forms.
B.7	☐	☐		**ANY ADDITIONAL ATTACHMENTS:** Attach additional attachments, if needed.

SECTION C: SELECT ONE OF THE FOLLOWING FOR EACH PETITION AND ATTACH

	Yes	No	N/A	DOCUMENT TITLE
C.1	☐			**$50 CHECK OR MONEY ORDER FILING FEE:** payable to the CLERK OF COURTS, include check or money order. DO NOT INCLUDE CASH.
C.2	☐			**APPLICATION FOR INDIGENT WAIVER OF $50 FILING FEE:** Complete, sign, and date. If both waiver and $50 filing fee are included, the waiver will not be considered.
C.3	☐			**SOUTH DAKOTA TITLE 28 BENEFIT(S) ARE CURRENTLY RECEIVED:** select from the list below. ☐ Temporary Assistance to Needy Families (TANF) ☐ Supplemental Nutrition Assistance Program (SNAP) ☐ Medicaid ☐ Child Care Assistance ☐ Energy Assistance ☐ SSI/SSDI ☐ Other, **please explain:** If benefits from a state other than South Dakota are received, attach verification of those benefits.

SECTION D: INTERPRETER SERVICES

	Yes	No	N/A	DOCUMENT TITLE
D.1	☐	☐		Do you need interpreter services? If yes, **please explain** the service you require (language type, sign, etc.).

I certify the above information is true and accurate to the best of my knowledge.

Signature _____ Date _____

DSS-SE-415 (07/2026)
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD SUPPORT
DCS#:

STATE OF SOUTH DAKOTA	)	IN CIRCUIT COURT
	)	
COUNTY OF ORDER _____	)	_____ JUDICIAL CIRCUIT
_____	)	PETITION FOR
PETITIONER,	)	MODIFICATION
vs	)	OF CHILD SUPPORT
_____	)	
RESPONDENT,	)	

INFORMATION ON PETITIONER (Person completing this form – Your Name):

NAME _____ TELEPHONE # _____

RESIDENTIAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____ EMAIL _____

MAILING ADDRESS (if different than Residential Address):_____

_____

LAST KNOWN INFORMATION ON RESPONDENT (Other Person's Name):

NAME _____ TELEPHONE # _____

RESIDENTIAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____ EMAIL _____

MAILING ADDRESS (if different than Residential Address): _____

_____

Address current as of (month, year):_____

I am the (select one) ☐ **custodial parent,** ☐ **non-custodial parent,** or ☐ **legal guardian** of the child(ren) involved in this proceeding.

On _____ (date of order), _____ (name of parent) was ordered to pay child support. A copy of the order, judgment, decree, or administrative order, including the stipulation and agreement, is attached.

Reason for requesting child support amount to be changed:
If the child support order was entered after July 1, 2026 and is less than three years old, you must indicate why you are requesting the child support amount to be changed. (Please print. Use additional sheets if necessary.)

If you are currently incarcerated, please complete the following:

Date you became incarcerated:_____ (MM/DD/YYYY)

Date your sentence expires:_____ (MM/DD/YYYY)

Deviations/Adjustments

Either parent may request the child support referee consider any of the following factors for purposes of increasing or decreasing the basic amount of child support required by the SD Child Support Schedule. These factors are called deviations (see SDCL 25-7-6.10). If you want the referee to consider a deviation, you must request the deviation at the child support modification hearing and present evidence to support the request. Mark those you wish to have considered.

☐ 1. Income of a subsequent spouse or contributions of a third party to the income or expenses of that parent but only if the application of the schedule works a financial hardship on either parent.

☐ 2. Financial condition of either party that would make application of the schedule inequitable. If the total amount of the child support obligation, including any adjustments for health insurance and child care costs, exceeds 50% of the obligor's monthly net income, it is presumed that the amount of the obligation imposes a financial hardship on the obligor.

☐ 3. Any necessary education or health care special needs of the children.

☐ 4. Agreements between parents for extra forms of support for the direct benefit of the child.

☐ 5. Obligation of either parent to provide for subsequent natural children, adopted children, or stepchildren. However, an existing support order may not be modified solely for this reason.

☐ 6. Voluntary and unreasonable act of a parent that causes the parent to be unemployed or underemployed, consistent with the provisions of SDCL 25-7-6.26.

☐ 7. Federal income consequences arising from claiming the child as a dependent.

Additional Factors

The following factors may be considered in the modification proceeding. Mark those you wish to have considered.

☐ 1. Reduction of support for parenting time purposes. (SDCL 25-7-6.14) (**Attach copy of parenting time order**)

☐ 2. Cross Credit for shared parental responsibility. (SDCL 25-7-6.27) (**Attach copy of parenting time order**)

☐ 3. Allocation of travel costs for parenting time. (SDCL 25-7-6.15) (**Attach verification of costs, if available**)

☐ 4. Health insurance coverage for the child(ren). (SDCL 25-7-6.16) (**Attach verification of coverage and cost**)

☐ 5. Child care costs due to employment, job search, training, or education. (SDCL 25-7-6.18) (**Attach verification of costs**)

I request the following relief:

1. Respondent be required to appear and answer in this proceeding;
2. The Court modify the support obligation as determined by the Court after the hearing taking into consideration the deviations and other factors identified in this petition; and
3. The Court grant other relief as deemed just and equitable.

I declare and affirm under the penalties of perjury that the information contained herein has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Note: A person who signs this document knowing the information to be false or untrue, in whole or in part, is guilty of perjury – a Class 5 Felony punishable by imprisonment of not more than five years and a fine of not more than $10,000.

_____ _____

PETITIONER SIGNATURE **DATE**

INFORMATION REGARDING PARENTS AND CHILD(REN)

The ☐ biological / ☐ adoptive parents of the child(ren) listed below in this proceeding are:

Parent Name _____
Address (if known) _____
City, State, Zip _____
Phone Number _____

Parent Name _____
Address (if known) _____
City, State, Zip _____
Phone Number _____

1. Child Name _____
Date of Birth _____
Is there a current order for child support for this child? ☐ Yes ☐ No
If there is not a current order for child support, please answer the following:
Was the child born during marriage of the parents? ☐ Yes ☐ No
If yes, date of marriage: _____
If no, was an Acknowledgment of Paternity signed? ☐ Yes (attach affidavit) ☐ No
Was genetic testing done showing 99% or higher probability of paternity?
☐ Yes (attach report) ☐ No
Was parentage established by court order? ☐ Yes (attach order) ☐ No

2. Child Name _____
Date of Birth _____
Is there a current order for child support for this child? ☐ Yes ☐ No
If there is not a current order for child support, please answer the following:
Was the child born during marriage of the parents? ☐ Yes ☐ No
If yes, date of marriage: _____
If no, was an Acknowledgment of Paternity signed? ☐ Yes (attach affidavit) ☐ No
Was genetic testing done showing 99% or higher probability of paternity?
☐ Yes (attach report) ☐ No
Was parentage established by court order? ☐ Yes (attach order) ☐ No

3. Child Name _____
Date of Birth _____
Is there a current order for child support for this child? ☐ Yes ☐ No
If there is not a current order for child support, please answer the following:
Was the child born during marriage of the parents? ☐ Yes ☐ No
If yes, date of marriage: _____
If no, was an Acknowledgment of Paternity signed? ☐ Yes (attach affidavit) ☐ No
Was genetic testing done showing 99% or higher probability of paternity?
☐ Yes (attach report) ☐ No
Was parentage established by court order? ☐ Yes (attach order) ☐ No

DSS-SE-415A (07/2026)

STATE OF SOUTH DAKOTA)
IN THE MATTER OF THE CHILD) **FINANCIAL STATEMENT**
SUPPORT OBLIGATION OF) SS DCS #: _____
_____)

Instructions: Please answer every question or state not applicable if the question does not pertain to your financial situation. If you need more space to answer a question, please attach additional sheets if necessary to fully answer any item. Attach a copy of your most recent paycheck stub and a copy of your last filed Federal Income Tax Return, including a copy of your W-2. Sign and date the financial statement after completion. To calculate your monthly gross income, multiply your hourly wage by the number of hours per pay period, multiply this by the number of pay periods, and then divide by 12.

PERSONAL INFORMATION

Name:_____ Birthdate:_____
Address:_____ Phone: Home: _____
City, State, Zip:_____ Work: _____
Cell: _____

EMPLOYMENT INFORMATION

Employer:_____ Dates employed: From:_____
Employer Address:_____ To:_____
Employer's Phone #:_____ Job Title:_____
Rate of Pay: $_____ per _____ hours worked per week: _____ Tips: $_____ per _____

GROSS MONTHLY INCOME

1. $_____ Salary, Wages, Tips, Commissions, Bonus or Other Designations
2. $_____ Gain or profit from a business or profession (self-employment)
3. $_____ Pension, retirement, disability, veterans, social security or insurance payments
4. $_____ Interest, dividends, rentals, royalties or other gain
5. $_____ Gain from sale, trade or conversion of capital assets
6. $_____ Reemployment assistance/Unemployment insurance and workers compensation benefits
7. $_____ Benefit in lieu of compensation including, but not limited to, military pay allowances
8. $_____ Other income (including Spousal Support received). Explain _____
9. $_____ **TOTAL GROSS MONTHLY INCOME** (add lines 1 through 8).

HEALTH INSURANCE INFORMATION

Do you have health care insurance available for dependents? ☐ No ☐ Yes
If you provide health care insurance (medical, optometric, dental or orthodontic, or counseling costs) for your child(ren) please complete the following:
Name of the Health Care Insurance Company:_____
Address of the Health Care Insurance Company:_____
_____
Policy/Member Number:_____ Group Number:_____
Total monthly cost of the insurance:_____ Number of people covered under the insurance policy:____
Persons covered under the policy of insurance:_____
_____

Please attach verification of health insurance coverage as well as the premiums associated with the health insurance coverage.

CHILDCARE COSTS

Childcare costs may be considered in computing the monthly child support obligation provided the costs are incurred as a result of employment of either parent, job search of either parent, or the training or education of either parent necessary to obtain a job or enhance earning potential. Please complete the following for only those children the support obligation will pertain to and **attach verification of childcare expenses**. If this information is not provided, there may be no allocation of childcare expenses in computing the support obligation.

Name and address of childcare provider:_____

_____

The name of the child(ren) for whom childcare is provided:_____
How many hours per week is childcare being provided?_____
Cost of Child Care: Monthly: $_____ Weekly: $_____ Hourly: $_____
List the costs, per month, of the childcare expenses incurred for the past six months:_____

_____

Do you receive any state assistance for childcare? ☐ No ☐ Yes If yes, attach copy of childcare certificate.
Do you claim the Federal Child Care Tax Credit? ☐ No ☐ Yes

OTHER INFORMATION

Do you make payments on any other child support orders for children other than those involved in this proceeding? ☐ No ☐ Yes
If yes, attach a copy of the court order and evidence of payments. If not attached, the referee will not consider.

Do you make payments for spousal support? ☐ No ☐ Yes
If yes, attach a copy of the court order and evidence of payments. If not attached, the referee will not consider.

Do you make contributions to an IRS qualified retirement plan?
☐ No ☐ Yes If yes, attach documentation showing the amount being contributed.

Do you consent to receive notices or reports required to be mailed under SDCL 25-7A-6 or 25-7A-22 via email, as authorized under SDCL 25-7A-6.3?
☐ No ☐ Yes If yes, provide email address:_____

I declare and affirm under the penalties of perjury that the information contained herein has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Note: A person who signs this document knowing the information to be false or untrue, in whole or in part, is guilty of perjury – a Class 5 Felony punishable by imprisonment of not more than five years and a fine of not more than $10,000.

Signature of person completing this Financial Statement is required.

_____
Signature Date

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To be completed by clerk of court:

_____
(Original Court - Docket Number)

_____
(Court transferred to – new docket number)
Date_____Clerks Initials_____

CONFIDENTIAL FORM

Please type or print.

☑ Original Court Order
☐ Modification Order
☐ Information Change
☐ Change of Venue

Child Support Order Filing Data

PLAINTIFF/PETITIONER *(Circle one)*	DEFENDANT/RESPONDENT *(Circle one)*
Name: _____	Name: _____
SSN: _____ SEX: ☐ M ☐ F	SSN: _____ SEX: ☐ M ☐ F
Driver's License # : _____	Driver's License # : _____
Date of Birth:_____ Race:_____	Date of Birth:_____ Race:_____
Residential Address: _____	Residential Address _____
Mailing Address *(if different from above)*_____	Mailing Address *(if different from above)*
Phone No. _____	Phone No. _____
Attorney Name_____	Attorney Name _____
Attorney Phone No._____	Attorney Phone No._____
Employer	Employer _____
Employer Address _____	Employer Address _____
Employer Phone No. _____	Employer Phone No. _____
Second Employer _____	Second Employer _____
Second Employer Address _____	Second Employer Address _____
Second Employer Phone No._____	Second Employer Phone No. _____

Full names, sex of child, dates of birth, and social security numbers of the children involved in this proceeding *(if more than six, write on back of form):*

_____ SEX: ☐ M / ☐ F DOB:_____ SSN----------
_____ SEX: ☐ M / ☐ F DOB:_____ SSN----------
_____ SEX: ☐ M / ☐ F DOB:_____ SSN----------
_____ SEX: ☐ M / ☐ F DOB:_____ SSN----------

Is a protection order for domestic violence against a spouse or abuse of a child currently in effect?

❑ Yes ❑ No ❑ Unknown **If yes, please attach a copy of the order.**

I certify that the above information is true and accurate concerning ❒ Plaintiff/Petitioner ❒ Defendant/Respondent and is accurate to the best of my knowledge as to the other party, or is unavailable. The information is unavailable because _____

I hereby certify that the information required by SDCL 25-7A-56.7 is not available.

_____
Circuit Judge

_____
Signature Date

Keep the pink copy for your records; file white and yellow copies with clerk of court UJS/DSS Form 089 (08/2011)

STATE OF SOUTH DAKOTA COUNTY OF _____ _____ Plaintiff, vs. _____ Defendant	IN CIRCUIT COURT _____ JUDICIAL CIRCUIT CASE FILE NO: _____ **APPLICATION FOR INDIGENT WAIVER OF $50 FILING FEE FOR THE MODIFICATION OF A FINAL CHILD SUPPORT, CHILD CUSTODY, PARENTING TIME, OR SPOUSAL SUPPORT ORDER**

I _____ come before the court to make a PETITION to modify an existing order; however, I am unable to pay the required $50 filing fee. Therefore, I respectfully request that the court waive the filing fee for this modification.

The existing order was entered into on: Date_____

The existing order was last modified on: Date _____

I ☐ DO/☐ DO NOT HAVE A LAWYER Lawyer's Name: _____

(1) My address is: _____
(2) My telephone number is: _____, my date of birth is: _____
(3) I am (check one) ☐ EMPLOYED ☐ UNEMPLOYED ☐ SELF EMPLOYED
(4) (If employed), my **weekly** take home pay is: $_____.
(5) Retirement, disability, or insurance benefits: $_____ per_____.
(6) My total income before deductions for year _____ was: $_____
(7) My total income **after** deduction for year _____ was: $_____
(8) Including myself, I have the following number of dependants: _____.
(9) The following amounts accurately represent my assets and liabilities:

I. ASSETS (things I own or am buying)

a. CASH (on hand or in banks)	$ _____
b. ACCOUNTS and NOTES RECEIVABLE (IOU's and other money payable to me)	$ _____
c. INVESTMENTS (stocks, bonds, savings bonds, etc.)	$ _____
d. REAL ESTATE (house, land, tribal lease land, rental property, etc.)	$ _____
e. AUTOMOBILE(S) (make, model & year)	$ _____
f. HOUSEHOLD GOODS (furniture, appliances, TV, stereo, etc.)	$ _____
g. OTHER PERSONAL PROPERTY (tools, sports equipment, etc.)	$ _____
h. ANY OTHER ASSETS (anything else I could sell or borrow money on)	$ _____

II. LIABILITIES (money that I owe)

a. My regular monthly expenses are: (housing utilities, food, etc.)	$ _____
b. LOANS: I owe_____ this amount	$ _____
I owe_____ this amount	$ _____
I owe_____ this amount	$ _____

III. ANTICIPATED INCOME (money or property you are expecting)

a. Total monies or income from the sale of house or land, alimony, gifts inheritance, allotments, trust funds, lease money, etc $ _____

(10) I affirm the above information is correct and accurate to the best of my knowledge and fully understand any misrepresentation or misleading of fact will subject me to the penalty of perjury.

Dated this____ day of_____, 20___.

X_____, Petitioner

_____ APPROVED _____ DENIED

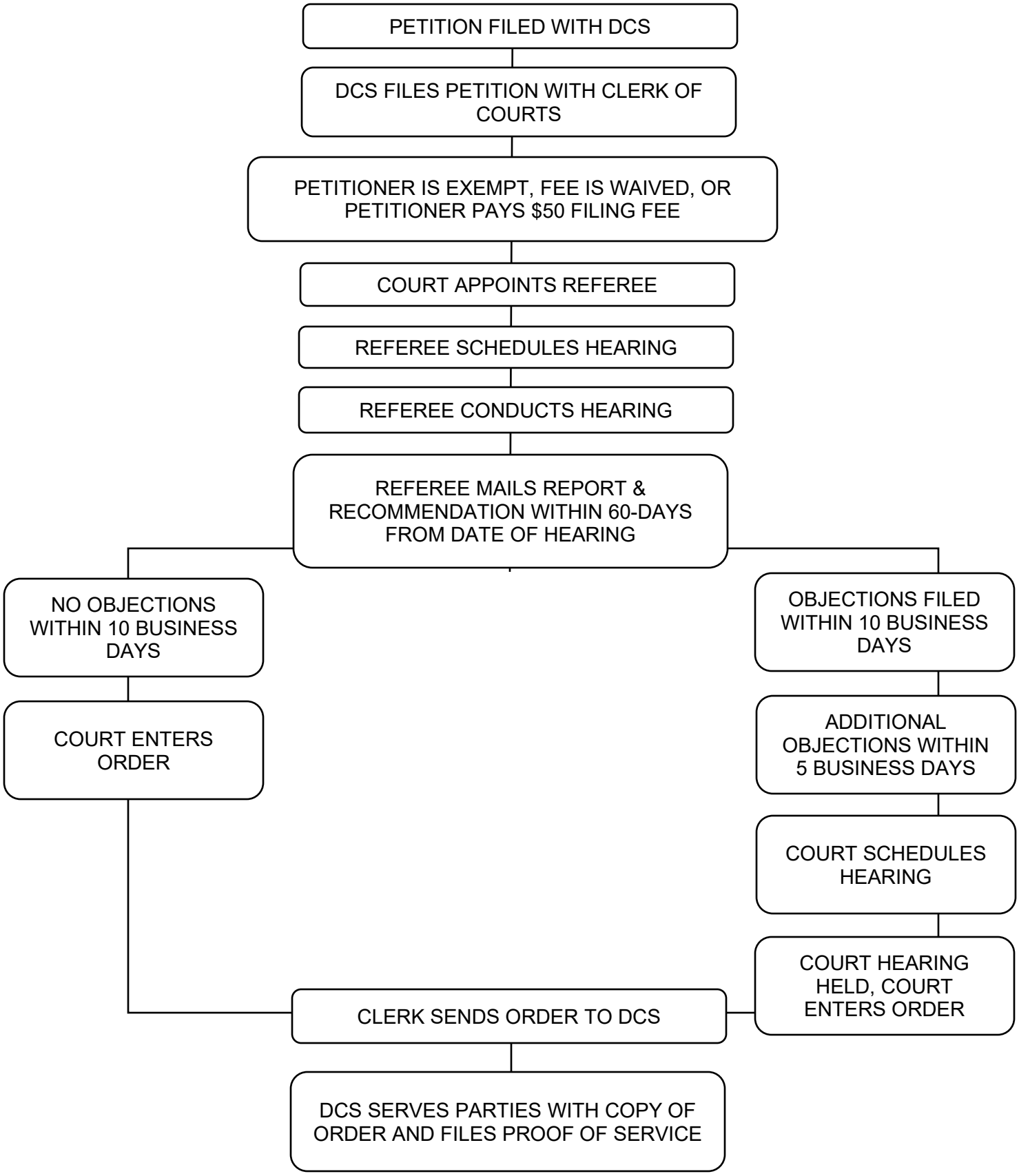
ATTEST:

_____
CLERK OF COURTS/DEPUTY
(SEAL)

BY THE COURT:

_____
CIRCUIT COURT JUDGE

MODIFICATION PROCESS FLOWCHART



OVERVIEW OF THE MODIFICATION OF SUPPORT ORDER PROCESS

South Dakota law allows a parent or a caretaker of a minor child to ask the court to change a child support order. This can include raising or lowering the amount of child support (SDCL 25-7A-22). The process includes the Division of Child Support (DCS), a court appointed child support referee, and a circuit court judge. Below is a summary of the child support modification process.

1. A parent or caretaker must complete and submit a Petition for Modification of Child Support with a copy of the most recent child support order, certain financial documents, and a check or money order payable to “Clerk of Courts” in the amount of $50 for the court filing fee (unless the parent/caretaker qualifies for an exemption and requests a waiver of the fee).

2. DCS will file the Petition and attached documents with the Clerk of Court in the county where the child support order was filed.

3. The court will appoint a child support referee to conduct a hearing on the Petition.

4. The referee will schedule a hearing on the Petition and send the parties a Notice of Hearing containing the date, time, location of the hearing, and other important information about the parties’ rights and responsibilities with respect to the hearing.

5. The referee will conduct a hearing, either in person or by telephone, to determine whether the child support order should be modified. The parties will be given an opportunity to testify at the hearing and present evidence regarding their financial circumstances.

6. After the hearing, the referee will prepare a report summarizing the evidence presented at the hearing and a recommendation regarding any changes to the child support order. The referee will file the report with the Clerk of Court and send a copy of the report to the parties. This is usually done within 60 calendar days from date of hearing.

7. Within ten (10) business days after the referee mailed the report, either party may file with the Clerk of Court an objection to the report. A party filing an objection may be required to obtain a transcript of the hearing, at the party’s own expense, and file it with the Clerk of Court.

8. If either party files an objection to the referee’s report, a circuit court judge will hold a hearing to consider the objection. The judge may then adopt the referee’s report, with or without change, or the judge may reject the referee’s report and return the matter to the referee for further consideration. In some instances, this may require the referee to conduct another hearing.

9. If neither party files an objection, the judge will sign an order based on the referee’s report and recommendations.

10. After the order is filed with the Clerk of Court, DCS will send a copy of the order to each party by certified mail.

11. Within 30 days after the order is filed with the Clerk of Court, either party may appeal the order to the SD Supreme Court.