

STATE OF SOUTH DAKOTA)
)ss:
COUNTY OF _____)

IN CIRCUIT COURT
_____ JUDICIAL CIRCUIT

_____)
_____)
Obligee,)
vs.)
_____)
Obligor.)

File No. _____

**PETITION FOR ORDER AND JUDGMENT
AWARDING LATE FEES PER
SDCL 25-7-38**

COMES NOW, the Obligee and does hereby state, under oath, as follows:

1. My current full name and physical address are as follows: _____

(Enter your first, middle and last name and your street address)

2. The full name of the Obligor is _____ and his/her
(Enter the first, middle and last name of the Obligor)
physical address is as follows: _____

(Enter the complete street address of the Obligor)

3. The Obligor and I are parents of the following child(ren):

Full Legal Name:

Date of Birth:

(Enter the first, middle and last name of first child)

(Enter the date of birth of first child)

(Enter the first, middle and last name of second child)

(Enter the date of birth of second child)

(Enter the first, middle and last name of third child)

(Enter the date of birth of third child)

(Enter the first, middle and last name of fourth child)

(Enter the date of birth of fourth child)

4. On _____, the Obligor was ordered to pay me
(Enter the date the child support order was signed)

\$ _____ per month in child support payments for the support
(Enter the amount the Judge ordered the other party to pay you)

and maintenance of the above named child(ren). The child support payments are due and payable to _____
(Enter the name of the person/place to whom the payments are to be paid to)

on the _____ day of each and every month, starting
(Enter the day of the month the other party was ordered to make his/her support payments)

_____. The child support order is attached and
(Enter the date (month/day/year) that the support payments began by court order)

incorporated herein by reference as Exhibit "A."

5. In the last 12 months before filing this document, I have received the following child support payments (*fill in all columns for each payment*):

Amount Due:	Amount Received:	Date Received:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

An Affidavit of Arrears from the Department of Social Services, Office of Child Support Enforcement, if available, is attached and incorporated herein by reference as Exhibit "B."

WHEREFORE, I request the following:

1. That Obligor be found to be chronically delinquent in child support payments as required under our order for support;
2. That Obligor be ordered to pay a late fee equal to ten percent of the ordered child support or fifty dollars, whichever is greater, for each month in the preceding twelve months that the payment was ten or more days delinquent or

the payment was less than the ninety percent of the ordered child support, per SDCL 25-7-38; and

3. Any other relief as deemed appropriate by the Court.

DATED this _____ day of _____, 20_____.

Obligee (Your Signature)

Print your name

Your mailing address

City, State, ZIP code

Your Telephone number

VERIFICATION

STATE OF SOUTH DAKOTA)

: SS

COUNTY OF _____)

Obligee, _____, being first duly sworn, deposes
(Enter your first, middle and last name)

and states that he or she verifies the facts expressed within the Petition for Order and Judgment Awarding Late Fees Per SDCL 25-7-38 are true.

Dated this _____ day of _____, 20_____.

Obligee's Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public/Clerk of Court

(SEAL)

If Notary, my commission expires:_____