STATE OF SOUTH DAKOTA IN CIRCUIT COURT

COUNTY OF_____ _____JUDICIAL CIRCUIT

_____ Obligee v. _____ 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 their physical address is:

_____

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

Childs Full Name	**Child's Date of Birth**

4. On _____ , the obligor was ordered to pay me $_____ per month in child support payments for the support and maintenance of the above-name child(ren). The child support payments are due and payable to_____ on the_____ day of each and every month, starting _____. The child support order is attached and incorporated herein by reference as Exhibit "A".

5. In the last 12 month 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 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 the order for support;
2. That the 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 month that the payment was ten or more days delinquent or the payment was less than ninety percent of the ordered child support, per SDCL 25-7-38; and

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

I declare under penalty of perjury under the law of South Dakota that the foregoing is true and correct.

Signed on the _____ day of _____ , _____ at _____
(Date) (Month) (Year) (City or other location, and State)

_____
Signature

_____
Printed Name

_____
Address

_____
City, State, Zip

_____
Phone Number