

4A-404. Order establishing parentage, custody, and child support.

STATE OF NEW MEXICO

COUNTY OF _____

_____ JUDICIAL DISTRICT COURT

_____,
Parent 1

Petitioner,

v.

No. _____

_____,
Parent 2

Respondent.

**ORDER ESTABLISHING PARENTAGE,
CUSTODY, AND CHILD SUPPORT**

THIS MATTER comes before the Court regarding the Petition to Establish Parentage, Custody, Time-Sharing, and Child Support. The Court has considered the evidence and hereby **FINDS AND ORDERS:**

1. The Court has jurisdiction over the subject matter and the parties.

2. **BACKGROUND.**

A. Petitioner lives in the State of _____ and resides in _____ County. Respondent lives in the State of _____ and resides in _____ County.

B. This order refers to Petitioner as Parent 1 and refers to Respondent as Parent 2.

C. The child(ren) of Parent 1 and Parent 2 are (*Please add additional pages, if needed*):

Name	Date of birth	Present age
(a) _____	(b) _____	(c) _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Parent 1 is a legal parent of the child(ren) based on:

(Chose one)

- ☐ having given birth to the child(ren);
- ☐ named on the birth certificate;
- ☐ a court order adjudicating paternity;
- ☐ adopting the child(ren);
- ☐ genetic test(s);
- ☐ a valid Acknowledgement of Paternity;
- ☐ an un rebutted presumption of paternity;
- ☐ a consent for assisted reproduction that resulted in the birth of the child(ren); or
- ☐ both parents agree that they are the parents of the above-named child(ren) and that this form is an acknowledgment that they are the parents of the above-named child(ren).

E. Parent 2 is a legal parent of the child(ren) based on:

(Chose one)

- ☐ having given birth to the child(ren);
- ☐ named on the birth certificate;
- ☐ a court order adjudicating paternity;
- ☐ adopting the child(ren);
- ☐ genetic test(s);
- ☐ a valid Acknowledgement of Paternity;
- ☐ an un rebutted presumption of paternity;
- ☐ a consent for assisted reproduction that resulted in the birth of the child(ren); or
- ☐ both parents agree that they are the parents of the above-named child(ren) and that this form is an acknowledgment that they are the parents of the above-named child(ren).

F. If either parent is not currently named on the child(ren)'s birth certificate, on the request of either parent, the Bureau of Vital Records and Health Statistics of the New Mexico Department of Health must prepare a new certificate(s) of birth reflecting the parents of the child(ren) as adjudicated herein, and must substitute the new certificate(s) for the original certificate(s).

3. **CHILD CUSTODY.** Complete the Custody Plan and Order, which is Form 4A-302 NMRA, and file that form with this form.

4. **ON-GOING CHILD SUPPORT. A Worksheet A or B must be attached even if the parties are agreeing to a different amount.**

A. Amount of child support:

1. The amount is \$_____ per month, which is the amount of child support on the attached worksheet.
2. The amount is _____ per month, which is NOT the amount of child support on the attached worksheet because _____ (must be a reason that would create a hardship if the person was required to pay the guideline amount in this space or list the other reasons that child support should be different from the child support worksheet amount).

B. Child Support Payments Begin: _____ (date) and are to be paid by the _____ (day) of the month every month thereafter until modified by court order.

C. This on-going child support obligation will continue until the court changes it in an Order of the Court or until the emancipation of the child(ren). If one of the children named in the order turns eighteen (18) years of age (or nineteen (19) years of age if they are still in high school), either party may file a motion for an order modifying child support for the remaining children or may request the court to end ongoing child support if all children are eighteen (18) years of age (or nineteen (19) years of age if the child is still in high school). Modifying or ending ongoing child support does not change unpaid child support that may still be due and owing.

5. **RETROACTIVE CHILD SUPPORT.** Retroactive child support is child support owed by one parent to the other parent for the period of time before this order.

A. ☐ No retroactive child support is owed.

B. ☐ Retroactive child support is owed. _____ (name of parent) is awarded retroactive child support against _____ (name of other parent) in the amount of \$ _____, which will accrue interest at the statutory rate of 4%. The retroactive child support is from _____ (enter month and year that the retroactive child support covers) to the present. Beginning _____ (first day of the month), _____ must pay \$ _____ per month toward reduction of the retroactive child support, which is a judgment.

6. **EXCHANGE FINANCIAL INFORMATION.**

A. The parties will exchange financial information once a year upon written request of either party.

Financial information that must be exchanged upon request is:

- a. federal and state tax returns, including all schedules, for the year before the request;
- b. W-2 statements for the year before the request;

- c. Internal Revenue Service Form 1099s for the year before the request;
- d. work-related daycare statements for the year before the request;
- e. dependent medical insurance premiums for the year before the request; and
- f. wage and payroll statements for four months before the request.

7. **WAGE WITHHOLDING.**

☐ A. _____ has waived income withholding. The parent responsible for child support will make payments directly to:

NAME: _____

ADDRESS: _____

OR through direct payments via _____ (*direct deposit, smart phone app, etc.*).

Parties must keep track of all payments, and records of payment are encouraged.

☐ B. Immediate wage withholding is ordered. The employer of the parent obligated to pay child support must make child support payments to:

HSD, Child Support Enforcement Division

P.O. Box 200796

Dallas, TX 75320-0796

OR online (*e-check, credit or debit cards – parents only*) using E-Bill Express, available at <https://www.e-billexpress.com/ebpp/NMHSDCSED/Login/Index>.

The CSED account number must be shown on each payment, and an Income Withholding for Support form must also be filled out by the parties and signed by the judge. Direct payments between parents must occur until wage withholding begins.

8. **MEDICAL SUPPORT.**

A. (*pick one of the selections below*)

☐ _____ (*write name of parent who has/will provide insurance coverage for the child(ren)*) will ensure that the child(ren) are covered under a group health insurance policy and that parent will pay for the insurance.
OR

☐ The child(ren) is/are covered by Medicaid.

B. Medical expenses not paid by insurance and/or Medicaid will be paid as follows:

Parent _____ is responsible for ____% of these expenses; and

Parent _____ is responsible for ____% of these expenses.
(The total % must add up to 100%).

9. **LIFE INSURANCE** (optional)

[] _____ will purchase life insurance with a benefit of
\$ _____, naming the other parent as trustee for the benefit of
the minor child(ren) to pay the child support upon the paying parent's death.

10. [] The Department of Health, Bureau of Vital Records and Statistics will
change the birth records of the minor child(ren) to reflect this parentage determination.
(A copy of this order must be provided by the parties to Vital Records).

IT IS SO ORDERED.

DISTRICT COURT JUDGE

APPROVED:

Petitioner/Parent 1

Respondent/Parent 2

[Adopted by Supreme Court Order No. S-1-RCR-2024-00103, effective for all cases
pending or filed on or after December 31, 2024.]