

Clear Creek County Court
5th and Argentine P.O. Box 367
Georgetown CO 80444 United States



ROBERT HANBURY MEANS
30623 SUNCREEK DR.
EVERGREEN CO 80439

19-1015

To: Robert Hanbury Means

Subject: Service of documents in 2009DR42.

You are being served with documents filed electronically through the Colorado Courts E-Filing system. Please review the following details concerning this service.

- Court Location: Clear Creek County
- Case Number: 2009DR42
- Filing ID: N/A
- Filed Document Title(s):
 - Order: Proposed Order re Modification of Child Support
 - Order: Support Order - Proposed
 - Child Support Worksheet
- Submitted on Date/Time: Wed Jul 18 09:11:35 MDT 2018
- Submitted by Authorizing Organization:
- Submitted by Authorizing Attorney: Clear Creek County Court

If you have a question about the above listed case, please contact the court. Information for all Colorado court locations is listed on the Colorado Judicial Branch website <http://www.courts.state.co.us/Index.cfm>.

District Court Denver Juvenile Court
Clear Creek County, Colorado

Court Address:
405 Argentine PO BOX 367
Georgetown CO 80444

DATE FILED: July 17, 2018

In re:

- The Marriage of:
 The Civil Union of:
 Parental Responsibilities concerning:

Petitioner: Samantha L. Fox

and

Co-Petitioner/Respondent: Robert H. Means

▲ COURT USE ONLY ▲

Case Number: 09DR42

Division Courtroom

ORDER RE: MODIFICATION OF CHILD SUPPORT

This matter comes before the Court on the Motion/Stipulation of the Petitioner Co-Petitioner/Respondent to modify the child support order entered by this Court or a Court of competent jurisdiction in another state.

I. Following review of the Motion/Stipulation, Sworn Financial Statements, Child Support Worksheet, and other supporting documents, and Response, if applicable, or hearing on (date), the Court finds the following:

- That the parties stipulate/agree to the modification.
or
 That the changed circumstances are not substantial and continuing and that the motion is denied.
or
 That the changed circumstances are substantial and continuing and that the motion is granted.

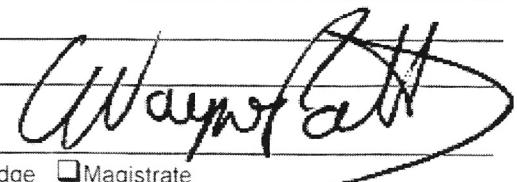
II. The Court orders the following.

- A new Child Support Order is attached based on the modification of child support.
 The Petitioner Co-Petitioner/Respondent shall pay child support to _____ (name of party) commencing on _____ (date).
 The Petitioner Co-Petitioner/Respondent shall pay for all reasonable attorney fees, costs and expenses associated with this action.
 Other:

Ms. Fox's obligation to pay child support is ended as of Jan. 1, 2018.

Date: July 17, 2018

Judge Magistrate



CERTIFICATE OF MAILING

I certify that on _____ (date), I mailed this Order to the following:

- Petitioner
 Petitioner's Attorney
 Co-Petitioner/Respondent
 Co-Petitioner/Respondent's Attorney
 Child Support Enforcement Unit

Clerk

District Court Denver Juvenile Court
 Clear Creek County, Colorado
 Court Address: *405 Argentine Rd Box 367*
Evergreen CO 80141

DATE FILED: July 17, 2018

In re:

- The Marriage of:
 The Civil Union of:
 Parental Responsibilities concerning:

Petitioner: Samantha L. Fox

and

Co-Petitioner/Respondent: Robert H. Means

Case Number: 09DR42

Division Courtroom

▲ COURT USE ONLY ▲

SUPPORT ORDER

Petitioner: Samantha L. Fox

Date of Birth: 09/18/1974

Mailing Address: 1227 Wyoming Street

Residential Address: same as above

Name of Employer: Ponderosa Advisors

Employer Address: 518 17th Street Suite 1400, Denver CO 80202

Co-Petitioner/Respondent: Robert H. Means

Date of Birth: 01/06/1971

Mailing Address: 30623 Sun Creek Drive, Evergreen CO 80439

Residential Address: same as above

Name of Employer: None

Employer Address: N/A

The following are the minor children who are the subject of this Order:

Full Name of Child	Sex	Date of Birth
Stanton Hanbury Means	M	3/1/2002
Meredith Madeline Means	F	12/11/2004

The Court Orders the Petitioner Co-Petitioner/Respondent to pay child support and/or maintenance (spousal/partner support) to Samantha Fox (name of party).

- a. Payments shall be paid weekly bi-weekly twice a month monthly other. _____
- b. The first payment is due on July 1, 2018 (date).
- c. Total arrears owed as of _____ (date) for Child Support \$_____ and/or Maintenance (spousal/partner support) \$_____.
- d. Total retroactive support as of _____ (date) that accrued prior to the entry of a support order for the time period of _____ to _____ shall be \$_____.
- e. Emancipation occurs when the last or only child reaches the age of 19, unless the child is still in high school, in which case support continues until the end of the month following graduation; or until the child(ren) otherwise emancipate as may be determined by the Court. Child support may be changed or amended upon motion of a party when any of the children reach 19.

The total monthly obligation is as follows: \$ 437 Current Child Support

\$ _____ Current Maintenance (spousal/partner support)
\$ _____ Payment toward Arrears (child support)
\$ _____ Payment toward Arrears (maintenance)
\$ _____ Payment toward Retroactive Support

For a total monthly payment of \$ 437

Upon payment in full of the Retroactive Support and/or Arrears, the monthly payment is reduced to
\$ _____.

The Court orders the immediate activation of an income assignment against the Obligor, pursuant to §14-14-111.5, C.R.S.

The income assignment must be paid through the Family Support Registry, pursuant to §26-13-114(6)(a), C.R.S.

or

This Order is not subject to the immediate activation of an income assignment because either:

Both parties have entered into a written agreement that provides for an alternative arrangement. If a payment is missed, or late, an income assignment shall immediately be activated pursuant to §14-14-111.5, C.R.S.

The Court finds there is good cause not to require the immediate activation of an income assignment because:

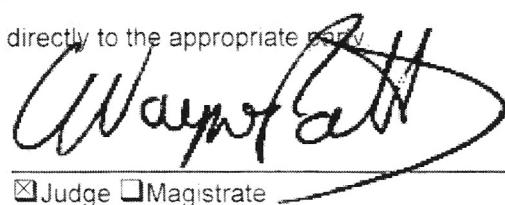
The Court orders the Petitioner or Co-Petitioner/Respondent, or Either party to secure and maintain medical or medical and dental and/or other: _____ insurance coverage for the child(ren), when it is provided by his/her employer or acquired individually, at a reasonable cost as defined in §14-10-115(10), C.R.S. Each party shall cooperate and exchange information necessary to provide insurance benefits for the child(ren). If not all children, please identify the names of the children that this party will be providing insurance for: _____

The Court finds medical or medical and dental insurance is not currently available to either party at a reasonable cost and does not order either party to provide coverage for the children at this time, but does order the parties to provide coverage when it becomes available at a reasonable cost.

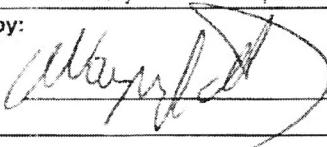
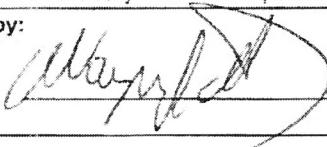
Payments shall continue until further Order of the Court. Payments shall be:

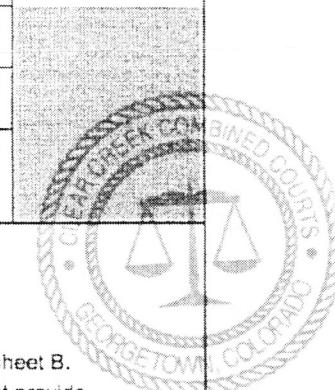
Mailed to the Family Support Registry Mailed directly to the appropriate court
P. O. Box 2171
Denver, CO 80201-2171

Date: July 17, 2018


 Judge Magistrate

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court <u>Clear Creek County, Colorado</u> Court Address: CO		DATE FILED: July 17, 2018	
In Re: <input type="checkbox"/> The Civil Union of: <input checked="" type="checkbox"/> The Marriage of: <input type="checkbox"/> Parental Responsibilities concerning:		▲ COURT USE ONLY ▲	
Petitioner: Samantha Lee Fox and Co-Petitioner/Respondent: Robert Hanbury Means			
Attorney or Party Without Attorney (Name and Address):		Case Number 2009 DR 42	
Phone: Fax:	E-mail: Atty. Reg. #:	Division: P	Courtroom:
WORKSHEET A - CHILD SUPPORT OBLIGATION: SOLE PHYSICAL CARE			
Children	Date of Birth	Children	Date of Birth
Stanton Means	3/1/2002		
Meredith Means	12/11/2004		
Check box of parent with 273 or more overnights per year *		<input checked="" type="checkbox"/> Samantha Lee <input type="checkbox"/> Robert Hanbury Combined	
1. Monthly Gross Income		\$ 9,899.00	\$ 1,768.00
a. Plus maintenance (spousal/partner support) received		+ 0.00	- 0.00
b. Minus maintenance paid		- 0.00	- 0.00
c. Minus ordered child support payments for other children pursuant to 14-10-115(6)(a), C.R.S.		- 0.00	- 0.00
d. Minus legal responsibility for children not of this marriage/civil union/relationship pursuant to 14-10-115(6)(a)(II) and (III), C.R.S.		- 0.00	- 0.00
e. Minus ordered post-secondary education contributions **		- 0.00	- 0.00
2. Monthly Adjusted Gross Income (If either the paying parent's or combined income is less than \$1,100.00, enter \$50.00 for one child; \$70.00 for two children; \$90.00 for three children; \$110.00 for four children; \$130.00 for five children; and \$150.00 per month for six or more children on line 11 for paying parent.)		\$ 9,899.00	\$ 1,768.00
3. Percentage Share of Income (Each parent's income from line 2 divided by Combined Income)		84.85%	15.15%
4. a. Basic Combined Obligation (Apply line 2 Combined column to Child Support Schedule)		\$ 2,044.70	
b. Each parent's share of basic support obligation (Each parent's percentage from line 3 times combined obligation in 4a)		\$ 1,734.93	\$ 309.77
5. Low Income Adjustment (If paying parent's income in line 2 is less than \$1,900.00, see Low-Income Worksheet on page 2)		\$ 738.00	
6. Adjustments (Expenses paid directly by each parent)			
a. Work-related Child Care Costs - Actual costs minus Federal Tax Credit pursuant to 14-10-115(9), C.R.S.		\$ 0.00	\$ 0.00

b. Education-related Child Care Costs pursuant to 14-10-115(9), C.R.S.	\$ 0.00	\$ 0.00	
c. Health Insurance premium costs - Children's portion only pursuant to 14-10-115(10), C.R.S. (See page 3 for calculation worksheet)	\$ 320.00	\$ 0.00	
d. Extraordinary Medical Expenses - Uninsured only pursuant to 14-10-115(10), C.R.S.	\$ 520.00	\$ 0.00	
e. Extraordinary Expenses - Agreed to by parents or by order of the court pursuant to 14-10-115(11)(a), C.R.S.	\$ 0.00	\$ 0.00	
f. Minus Extraordinary Adjustments pursuant to 14-10-115(11)(b), C.R.S.	\$ 0.00	\$ 0.00	
7. Total Adjustments (For each column, add 6a, 6b, 6c, 6d and 6e. Subtract line 6f and add two totals for combined column amount)	\$ 840.00	\$ 0.00	\$ 840.00
8. Each Parent's Fair Share of Adjustments (Line 7 Combined column times line 3 for each parent)	\$ 712.74	\$ 127.26	\$ 2,884.70
9. Each Parent's Share of Total Child Support Obligation (Add lines 4b (or line 5 if less) and line 8 for each parent)	\$ 2,447.67	\$ 437.03	
10. Paying Parent's Adjustment (Enter line 7 for parent with less parenting time only)	\$ 0.00	\$ 0.00	
11. Recommended Child Support Order (Subtract line 10 from line 9 for paying parent only. Leave receiving parent column blank)	\$ 0.00	\$ 437.03	
Comments:			
<ul style="list-style-type: none"> * The children reside with one parent for 273 or more overnights per year. If this is not the case, use Worksheet B. ** This adjustment applies only to modification of child support orders entered between 7/1/91 and 7/1/97 that provide for post-secondary education expenses pursuant to 14-10-115(15)(c), C.R.S. 			
Prepared by: 	Date:		
Signature: 	Print Name: <u>JUDGE PATTON</u>	07/17/2018	



Low-Income Adjustment Worksheet

If the parents' combined monthly adjusted gross income is \$1,100.00 or more, and the monthly adjusted gross income of the parent with fewer overnights per year is less than \$1,900.00, use this calculation worksheet to determine the adjustment allowed for that parent.

Low-Income Adjustment Calculation

Adjusted monthly gross income of parent with fewer overnights (paying parent) from line 2

\$ 1,768 minus \$1100.00 = \$ 668

(If this total is zero or a negative number, indicate zero.)

Plus one of the following, according to number of children

1 child = \$50.00 2 children = \$70.00 3 children = \$90.00

4 children = \$110.00 5 children = \$130.00 6 or more children = \$150.00

Low-Income adjustment amount (#5 on worksheet)

+ \$ 70

\$ 738

If this amount is less than the amount on line 4b (on page 1) for the parent with fewer overnights per year, this parent qualifies for the Low-income Adjustment. Enter this amount on line 5 in that parent's column on page 1. If this number is a negative or zero, enter zero.

Health Insurance Premium Calculation

If the actual amount of the health insurance premium that is attributable to the child(ren) who are the subject of this order is not available or cannot be verified, the total cost of the premium should be divided by the number of persons covered by the policy to determine a per person cost. This amount is then multiplied by the number of children who are the subject of this order and are covered by the policy. This amount is then entered on line 6c on page 1 of this form.

\$ _____	/	_____	= \$	_____	x	_____	=	_____
Total Premium		Number of Persons Covered by the Policy		Per Person Cost		Number of Children Who Are the Subject of this Order		Children's Portion of Cost of Health Insurance Premium (Enter on line 6c)

Court has imputed income to Father at minimum wage of \$10.20/hr.