



COLORADO
Office of Economic Security
Division of Child Support Services

For Office Use Only:

Date Sent ____/____/____

Date Received ____/____/____

Received From: (Check one below)

CP NCP Other State

Review and Adjustment Request

Requesting Parent's Name

Requesting Parent's Social Security Number

Other Parent's Name (if known)

MANDATORY - §42 U.S.C. 666(a)(13 requires that SSNs be used by the CSS Program to locate individuals to establish paternity or support obligations, modify and enforce support obligations and to distribute child support payments. If you do not have a SSN, the CSS program will not deny your request for assistance.

THERE MUST BE AN OPEN CHILD SUPPORT SERVICES CASE IN ORDER FOR THE CHILD SUPPORT SERVICES (CSS) PROGRAM TO CONDUCT THE REVIEW. To open a child support services case, an application for child support services may be submitted along with the Review and Adjustment Request and the Affidavit with Respect to Child Support. All forms may be completed online or downloaded from this website.

Either parent may ask the CSS program to review their child support order for a possible modification. The requestor must complete the Affidavit with Respect to Child Support and provide evidence that a substantial change in circumstances has occurred.

The current child support order should be reviewed and modified by CSS, if warranted, because:

The Affidavit with Respect to Child Support must be completed. Documents that support the change in circumstances must be included – For example: Pay stubs, childcare statements, proof of health insurance coverage, etc.

NOTE:

- The review process may not be stopped after it begins - As long as there is an open child support case with either parent the review will be completed by the CSS program.
- A review may result in an increase or a decrease in the support amount, or may indicate that no change is warranted, or may cause medical coverage to be required, or may modify existing medical coverage requirements.
- If the child support amount is adjusted, the order will be effective from the date the order is signed by the parties or the court, or the date the request is filed with the court.
- The CSS program is not able to review or modify spousal support.

THIS REQUEST and AFFIDAVIT MUST BE SUBMITTED DIRECTLY TO THE COUNTY CSS UNIT THAT MANAGES THE CHILD SUPPORT SERVICES CASE, or if there is no open child support services case TO THE LOCAL COUNTY CSS UNIT (along with the application for child support services). Local office locations may be found on www.childsupport.state.co.us

For help with questions or to obtain additional information, please contact your local county CSS Unit.

Signature & Date

Mailing Address

Printed Name

City State Zip Code

E-mail Address

Home Phone

Work Phone

AFFIDAVIT WITH RESPECT TO CHILD SUPPORT

INSTRUCTIONS:

PLEASE PRINT IN INK OR TYPE. COMPLETE EACH QUESTION WITH A CHECK MARK OR AN **X** IN THE BOX PROVIDED OR ENTER THE INFORMATION REQUESTED. IF YOU HAVE NO KNOWLEDGE OF THE INFORMATION REQUESTED, ENTER "DON'T KNOW." **DO NOT** LEAVE ANY QUESTIONS UNANSWERED, EXCEPT AS INSTRUCTED. IF ANY INFORMATION CHANGES AFTER THE AFFIDAVIT IS COMPLETE, NOTIFY THE CHILD SUPPORT ENFORCEMENT (CSE) UNIT OF THE CHANGES. ATTACH REQUESTED DOCUMENTS OR PROOF.

YOUR PERSONAL DATA

Name (First, Middle, Last): _____
Social Security Number: _____ Date of Birth: _____
Address: _____
City, State Zip: _____
Phone Number: _____

Provision of your social security number is mandatory pursuant to 42 U.S.C. 666(a)(13). Social security numbers are used by the Division of Child Support Enforcement to locate individuals for the purposes of establishing paternity, establishing support obligations, modifying and enforcing child support obligations and distribution of child support payments. If you do not have a social security number, the Division will not deny your request for assistance.

YOUR PRIMARY EMPLOYMENT

____ Attached are **IRS Tax returns for the last 3 years.**
____ Attached are pay statements for the last three months.
____ If self-employed, attached are personal and business income tax returns, including all schedules and forms (especially Form K-1, Form 1065, Form 1120S, or Form 1120C) for the last three tax years.
____ If self-employed, attached are income and expense balance sheets for each month since last business tax return filed.

Current/Previous [Employer] [Business]: _____

Address: _____
City, State Zip: _____
Phone Number: _____
Date Employment (Business) began: _____
Current Position began on: _____
Hours worked each week: _____ Hourly wage \$ _____ Salary \$ _____
How often do you get paid? ___ weekly ___ every 2 weeks ___ twice a month ___ monthly

Monthly Gross Income: \$ _____
 Bonus: \$ _____ Frequency: _____
 Tips: \$ _____ Frequency: _____
 Commission: \$ _____ Frequency: _____

Overtime is \$ _____ per hour. Frequency (weekly, monthly, every 2 weeks): _____
 _____ Overtime is not available. _____ Overtime is required.

Year to date Total Gross Income: \$ _____

If unemployed, what date did you last work? _____

I am unemployed due to _____ disability _____ involuntary layoff at work _____ other. Please Explain: _____

Are you receiving unemployment compensation? Check one: _____ Yes _____ No

- If you are unemployed due to disability, please attach documentation of your disability and/or disability insurance or Social Security benefit.
- If you are receiving unemployment compensation, please attach documentation of the weekly benefit.

_____ I am a full time student. Expected graduation date: _____ (Attach proof of status).

_____ I am incarcerated. Attach proof of expected release date and/or parole date.

DOC Number: _____

My inmate average monthly account balance is \$ _____

INCOME FROM OTHER SOURCES

Information which may affect my monthly income status. Check all that apply.

SOURCE	MONTHLY AMOUNT	EFFECTIVE DATE
Maintenance (Spousal Support)	\$ _____	_____
Interest, Dividends	\$ _____	_____
Pension Income (Retirement)	\$ _____	_____
Rental Income	\$ _____	_____
Social Security Disability	\$ _____	_____
Social Security Retirement	\$ _____	_____
Social Security Survivors	\$ _____	_____
Supplemental Security Income	\$ _____	_____
Aid to the Needy and Disabled	\$ _____	_____
Public Assistance (TANF)	\$ _____	_____
Unemployment Compensation	\$ _____	_____
Veterans Benefits	\$ _____	_____
Workers Compensation	\$ _____	_____
Private Disability Insurance	\$ _____	_____
Other:	\$ _____	_____

PARENTING TIME

The child(ren) born or adopted of this marriage/relationship reside primarily with _____ me _____ the other parent. Number of overnights with me _____ the other parent _____

DAYCARE

Is/Are the child(ren) born or adopted of this marriage/relationship in daycare while one or both parents work? _____yes _____no

The charge for such daycare is \$ _____ per _____ hour _____ week _____ month.

If hourly, the child(ren) are in daycare _____ hours per week.

The average monthly cost for daycare is \$ _____

Work-related daycare expenses are paid by _____me _____the other parent _____both _____other person.

I personally pay \$ _____ or _____%

The other parent pays \$ _____ or _____%

Other person pays \$ _____ or _____%

Daycare assistance \$ _____ or _____%

Education related daycare expenses are \$ _____ per hour _____ per week.

Education related daycare expenses are paid by _____me _____the other parent _____both _____other person.

I personally pay \$ _____ or _____%

The other parent pays \$ _____ or _____%

Other person pays \$ _____ or _____%

Daycare assistance \$ _____ or _____%

_____Attached is proof of current daycare enrollment.

_____Attached is proof of payment of daycare for the school year and summer months.

_____Attached is a summary of yearly daycare expenses.

HEALTH INSURANCE INFORMATION

Includes: Medical, Dental and Vision

Health insurance _____is _____is not maintained for the child(ren) born or adopted of this marriage/relationship.

I pay \$ _____ as a monthly cost to cover only the child(ren) of this action on my health insurance.

Name of Insurance Company: _____

Address: _____

Telephone Number: _____

Group Number: _____

Policy Number: _____

Name(s) of all Individual(s) _____
covered: _____

Effective Date of Coverage: _____

If the child(ren) are not covered the monthly cost to add the child(ren) of this action would be \$ _____.

OTHER DEDUCTIONS

The child(ren) born/adopted during this marriage/relationship have uninsured health expenses in excess of \$250.00 per year. ___yes ___no

The cost of such expense on a routine basis per single illness or condition is \$_____ per month.

Explain: _____

Attach documentation.

The child(ren) have extraordinary needs, which require payment on a monthly basis. Explain the needs and itemize the cost of them on a monthly basis: _____

Attach documentation.

OTHER SUPPORT ORDERS

I pay Maintenance (spousal support) to a former spouse in the amount of \$_____ per month (Attach a copy of the order and proof of payments)

I pay child support for a child(ren) not of this marriage/relationship, in the amount of \$_____ (Attach copy of order and proof of payment).

I am legally responsible for child(ren) not of this relationship who currently reside with me. ___yes ___no

If yes, list the child(ren) name(s) and date of birth and attach birth certificate(s) and proof of residence (i.e., school records).

NAME (First, Middle, Last)

Date of birth

<u>NAME (First, Middle, Last)</u>	<u>Date of birth</u>

IF YOU FAIL TO HAVE THIS FORM NOTARIZED AND/OR FAIL TO PROVIDE DOCUMENTATION, YOUR CASE PROCESSING COULD BE DELAYED.

I declare under penalty of perjury that I have completed this affidavit and the statements contained herein are true and correct.

Name

Date

Sworn to before me in the County of _____, State of _____, this _____ day of _____, _____.

My Commission expires: _____.

Notary Public

[SEAL]