COLORADO
Office of Economic Security
Division of Child Support Services

For Office Use Only:
Date Sent: _____
Date Received: _____
Received From:
☐CP ☐NCP ☐Other State

Review and Adjustment Request Form

_____ _____
Requesting Party's Name Case Number

_____ _____
Other Party's Name (if known) County

Either party may request a review of the current child support order for a possible modification. To request a review, complete and send this request form and the attached Income and Expense Declaration directly to the county Child Support Services (CSS) office that manages your case. If you do not have an open CSS case, you may apply for services online by visiting childsupport.state.co.us.

Note:

- If it has been less than 3 years since your child support order was entered, modified or reviewed, you must provide evidence that a change in circumstances has occurred.
- The county CSS Unit cannot stop the review process after it begins.
- A review could result in an upward or downward modification to the support amount or indicate no modification is warranted at this time. Additionally, a review may cause medical coverage to be provided or may modify existing medical coverage requirements.
- Except for a few situations, the amount of child support due would only change

from the date that a motion was filed with the court.

- The CSS program is not able to review or modify spousal support.

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

_____

_____

Documents that support the change in circumstances must be included - for example: pay stubs, childcare statements, proof of health insurance, coverage, etc.

_____	_____		
Signature and date	Mailing Address		
_____	_____	_____	_____
Printed Name	City	State	Zip Code
_____	_____	_____	
E-mail Address	Home Phone	Work Phone	

	▲COURT USE ONLY▲
	CASE NUMBER: DIVISION/COURTROOM: IV-D CASE NUMBER:
INCOME AND EXPENSE DECLARATION	

INSTRUCTIONS: Please print in ink. Complete each question with a check mark or an "X" in the space provided, or enter the information requested. **DO NOT** leave any questions unanswered, except as instructed. If you have no knowledge of the information requested, enter "Don't know." Attach documents and proof as requested. If any information changes after the declaration is complete, please notify the Child Support Services (CSS) unit of the changes.

YOUR PERSONAL DATA

Name (First, Middle, Last): _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

Child(ren) born or adopted of this marriage/relationship:

CHILD'S NAME (First, Middle, Last)	DATE OF BIRTH

YOUR PRIMARY EMPLOYMENT

Current Employer: _____
Address: _____
Phone Number: _____
Date Employment began: _____ end: _____
Hours worked each week: _____ Hourly wage: $_____ Salary: $_____
How often do you get paid? ___Weekly ___Every 2 weeks ___Twice a month ___Monthly
Monthly Gross Income (before taxes): $_____
Bonus: $_____ Frequency: _____
Tips: $_____ Frequency: _____
Commission: $_____ Frequency: _____
_____ Overtime is not available. _____Overtime is required. Overtime is $_____ per hour.
Frequency: ___Weekly ___Every 2 weeks ___Twice a month ___Monthly
Year to date Total Gross Income: $_____
_____ Attached are pay statements for the last two to three months.
_____ Attached is/are IRS Tax return(s) for the following years: _____.

If self-employed:
Name of Business: _____ Date Business Began: _____
_____ Attached are IRS Tax returns for the last 3 years.
_____ 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 3 tax years.
_____ Attached are income and expense balance sheets for each month since last business tax return filed.

If unemployed, what date did you last work? _____
Previous Employer: _____
Address: _____
Phone Number: _____
Monthly Gross Income (before taxes): $_____
I am unemployed due to: _____Disability _____Involuntary layoff at work
_____Other. Please Explain: _____
_____
_____ Attached is/are IRS Tax return(s) for the following years: _____.

Job skills/Trade: _____
Licenses: _____
Certifications: _____
Literacy level (check all that apply): ☐ able to read ☐ able to write ☐ other languages: _____
Education level: ☐ high school diploma ☐ some college ☐ degree: _____
_____ ☐ other: _____
_____ I am a full time student. Expected graduation date: _____ (Attach proof of status).

List any ongoing health conditions which impact your employment: _____
_____

Criminal Record/Barriers to employment: _____
_____

INCOME FROM OTHER SOURCES

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

SOURCE	MONTHLY AMOUNT	EFFECTIVE DATE
Maintenance (Spousal Support)	$	
Pension Income (Retirement)	$	
Rental Property Income	$	
Social Security Disability	$	
Social Security Retirement	$	
Social Security Survivors	$	
Supplemental Security Income	$	
Aid to the Needy and Disabled	$	
Colorado Works (TANF)	$	
Unemployment Compensation	$	
Veterans Benefits	$	

SOURCE	MONTHLY AMOUNT	EFFECTIVE DATE
Workers Compensation	$	
Private Disability Insurance	$	
Other Income: _____ _____	$	
Assets:		

PARENTING TIME

The child(ren) of this action primarily reside with _____.
Number of overnights with me each year _____
Number of overnights with the other parent each year _____ (Total overnights should equal 365)
Is there a current court order or agreement for parenting time: _____Yes _____No
_____ Attached is the current court order/agreement for parenting time.

DAYCARE

The child(ren) born or adopted of this marriage/relationship are in daycare so I am able to:

☐ Work ☐ Go to school ☐ Look for work ☐ Other: _____

The charge for such daycare is $_____ per _____Week _____Month.
_____ Attached is proof of enrollment and payments/receipts.
_____ Attached is completed and notarized Child Care Verification Form.
_____ Attached is Colorado Child Care Assistance Parent (CCCAP) Fee document.

HEALTH INSURANCE INFORMATION
Includes: Medical, Dental and Vision

The child(ren) born or adopted of this marriage/relationship are covered by:

☐ Medicaid ☐ Health Insurance ☐ No Coverage

The monthly premium to cover only the child(ren) is $_____. The premium is paid by _____.

Name of Insurance Company: _____
Address: _____
Phone Number: _____
Policy Number: _____
Group 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) would be $_____.
_____ Attached is proof of benefits summary and cost.

OTHER DEDUCTIONS

The child(ren) born or adopted of this marriage/relationship have ongoing medical expenses not covered by insurance. _____Yes _____No
The cost of such expense on a routine basis per single illness or condition is $_____ per month.
Explain: _____
_____
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: _____
_____
_____
_____ Attached is proof of expenses.

OTHER CHILDREN

I pay child support for other child(ren) not of this marriage/relationship: _____Yes _____No
_____ Attached is a copy of the order(s) and proof of payment.
_____ Attached is birth certificate(s) and proof of payment, if no court order exists.

NAME (First, Middle, Last)	DATE OF BIRTH	CURRENT SUPPORT AMOUNT	ORDER NUMBER

I am legally responsible for the other child(ren) not of this marriage/relationship who currently reside with me: _____Yes _____No
_____ Attached are birth certificate(s) and proof of residence (i.e., school records).

NAME (First, Middle, Last)	**DATE OF BIRTH**

I pay Maintenance (spousal support) to a former spouse in the amount of $_____ per month
_____ Attached is a copy of the order and proof of payment.

I declare under penalty of perjury under the law of Colorado that the statements contained herein are true and correct.

Executed on _____ in the County of _____, State of _____.
(Date)

_____ _____
Printed Name Signature