Child Support Enforcement

Review and Adjustment Request

For Office Use Only:
Date Sent ____/_____/_____
Date Received _____/_____/_____
Received From: (Check one below)
☐CP ☐NCP ☐Other State

Your Name

Your Social Security #

The provision of your SSN is mandatory (§42 U.S.C. 666(a)(13). SSNs are used by the CSE 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 CSE unit will not deny your request for assistance.

Other Parent's Name (if known)

YOU MUST HAVE AN OPEN IV-D CASE IN ORDER FOR OUR PROGRAM TO CONDUCT THE REVIEW. You may down load an application for services from this website and mail it with this request. and mail it with this request. You may also fill out a request form online.

Either parent may ask Child Support Enforcement (CSE) to review their child support order for possible modification. If your order was reviewed or entered in the last three years, you must provide written evidence that a substantial change of circumstances has occurred.

I am requesting CSE to review, and modify if warranted, my current child support order because:

If you are requesting a review because there has been a significant change in circumstances, please include documents supporting the change – for example, pay stubs, childcare statements, proof of health insurance coverage, etc.

Notes:

- Once the CSE office begins the review, we will complete the process as long as our agency has an open child support case with either parent.
- A review could result in an upward or a downward modification or may indicate that no change is warranted, or may change to include or modify medical coverage.
- 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.

THIS REQUEST MUST BE MAILED DIRECTLY TO THE CSE UNIT THAT MANAGES YOUR CASE.

If you have questions or need additional information, contact your local county CSE Unit.

Signature

Mailing Address

Printed Name

City State Zip Code

Date Signed

Home Phone Work Phone

E-mail Address