

## Child Support Order Review Request

TO:

RE:

CASE NUMBER:

### Instructions

Use this form to ask the Division of Child Support (DCS) to review your case for possible modification (change) or adjustment.

Except for your signature, print your responses. Use a black or blue ink ball point pen only.

Sign and return all required forms to the DCS address listed on page 2. If you are a child support agency, an authorized representative must sign the forms.

Attach copies of your last two federal income tax returns and copies of your last three pay stubs. **If you do not have tax returns or pay stubs, attach a separate sheet explaining why.**

Complete and return the following forms:

- This form. Return both pages.
- **Washington State Child Support Schedule.**
- **Financial Declaration.**
- **Confidential Information** form.
- **Addendum to Confidential Information** form (if you have more than two children).

**I want DCS to review my support order for modification or adjustment because:** (check the boxes below that affect your case):

1.  My wages changed.
2.  The wages used in the current order are more than my actual earnings.
3.  The other parent's wages changed.
4.  At least one of the children in my case is:
  - a.  Twelve years old or older. This is a change from the current order.
  - b.  Living in a different home.
  - c.  Not going to school or living at home.
5.  A health insurance requirement needs to be added to my order.
6.  I am disabled or imprisoned.
7.  Other (give details): \_\_\_\_\_

I understand and agree that:

If I do not give DCS all the information needed, DCS will deny the review.

DCS only reviews child support and health insurance modifications or adjustments for the children.

- DCS does not have authority to review court orders for changes in custody, visitation, or other issues.

DCS does not represent me or the other party to my support order.

- Both parties have the right to have an attorney represent them in court.

DCS uses information I provide to establish, modify, or enforce child support.

- DCS shares information with other government agencies only for these purposes.
- DCS releases information only as state and federal laws and regulations allow.
- I can ask DCS for the other parent's personal and confidential information.

After DCS reviews my request, DCS will forward it to a Prosecuting Attorney if:

- DCS receives all the information requested on page 1.
- My case meets the requirements for modification or adjustment.

NOTE: DCS cannot withdraw requests sent to a Prosecuting Attorney.

DCS or a prosecuting attorney may share any documents I send to DCS with the other party to my support order and may file the documents in a public court file.

- The other party to my support order has a right to see my financial information.
- I must remove my personal identification information (address, birthdate, social security number) from the documents before I send them to DCS.

If my order does not meet legal or review requirements, DCS or a prosecuting attorney may decide not to take my support order to court for a judge to determine a modification or an adjustment.

If a prosecutor decides to proceed with a modification or an adjustment of my support order, the start date of any change may be any date from the date the action is filed in court to the date the judge signs the order.

- The judge decides the start date.

My modified or adjusted support order can result in higher or lower support payments.

I have the right to ask a court to modify or adjust my support order on my own.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S AUTHORIZED REPRESENTATIVE'S SIGNATURE

DIVISION OF CHILD SUPPORT  
PO BOX 11520  
TACOMA WA 98411-5520

Within \_\_\_\_\_ calling area \_\_\_\_\_

Outside \_\_\_\_\_ calling area \_\_\_\_\_

TTY/TDD services available for the speech or hearing impaired.

Visit our web site at: [www.dshs.wa.gov/dcs](http://www.dshs.wa.gov/dcs)

No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request.

|                                   |      |       |          |
|-----------------------------------|------|-------|----------|
| For Child Support Agency Use Only |      |       |          |
| AGENCY REPRESENTATIVE'S SIGNATURE |      | DATE  |          |
| AGENCY P.O. BOX OR STREET ADDRESS | CITY | STATE | ZIP CODE |