

## Child Support Order Review Request

TO:

RE:

CASE NUMBER:

DATE:

### Program Information

You asked the Division of Child Support (DCS) to modify (change) or adjust your child support order. You have two options to help you modify or adjust your order:

1. File an action in court to modify your order. You may do so on your own or through an attorney.
2. Ask DCS to review your order.
  - a. DCS cannot represent or provide legal advice to you or the other party to your order.
  - b. DCS reviews your information.
    - (1) If your order **does not** meet the minimum criteria for a review, DCS will do nothing further.
    - (2) If your order **does** meet the minimum criteria for a review, DCS will refer your case to a Prosecuting Attorney office or another child support agency (as needed) for modification or adjustment. The minimum requirements are:
      - (a) DCS must have current address information for both parties to the order.
      - (b) The state of Washington must have jurisdiction over both parties to the order.
      - (c) At least three years have passed since the support amount was last set **or** you can show a substantial change in circumstances.
      - (d) The total support amount in the existing order must be at least 25 percent above or below the amount specified by the most current **Washington State Child Support Schedule and** the amount of the difference between the existing support amount and the new amount must be at least \$100.00 per month.
      - (e) The total support amount over the remaining life of the order must change by at least \$2,400.00.

NOTE: An exception to the last two criteria listed above is when the order does not have a requirement to provide health insurance coverage for the children.

If the children listed in the order receive public assistance or medical assistance, special rules apply.

1. DCS will automatically review your order for modification or adjustment every 35 months.
2. If you want to modify or adjust your order without DCS's help, either the Prosecuting Attorney office or DCS must approve the terms of the order regarding child support assigned to the state of Washington.

**If you want DCS to review your order, you must complete and return pages 2 and 3 of this form. See the instructions on page 2 for additional requirements.**

## Child Support Order Review Request

REQUESTER'S NAME:

CASE NUMBER:

### Instructions

If you want DCS to review your case for possible modification or adjustment, use this form to ask for the review.

Except for your signature, print your responses. Use black or blue ink only.

Sign and return all required forms to the DCS address listed on page 3. If you are a child support agency, an authorized representative must sign the forms.

Complete and return the following forms:

1. **Pages 2 and 3** of this form.
2. **Washington State Child Support Schedule Worksheets** (enclosed). Complete the parts for you and your household. DCS will try to obtain the other party's financial information.
3. **Financial Declaration** (enclosed). Complete this form only if you have a **court order**.
4. **Confidential Information** form (enclosed). Complete this form only if you have a **court order**.
4. **Addendum to Confidential Information** form (enclosed) if you have more than two children. Complete this form only if you have a **court order**.

Attach the following documents. **If you do not have the documents, attach a statement explaining why.**

1. Copies of your last two federal income tax returns.
2. Copies of your last three pay stubs.

DCS or the Prosecuting Attorney may share any documents you send to DCS with the other party to your support order and may file the documents in a public court file.

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

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

1.  My income changed.
2.  The other parent's income changed.
3.  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.
4.  A health insurance requirement needs to be added to my order.
5.  I am disabled, institutionalized, or incarcerated.
6.  Other (give details): \_\_\_\_\_

I understand and agree that:

1. If I do not give DCS all the information needed, DCS will not review the order.
2. DCS only reviews my case for modification or adjustment of the provisions regarding child support or health insurance for the children. DCS does not have authority to review court orders for changes in custody, visitation, or other issues.
3. DCS uses information I provide to establish, modify, or enforce child support.
  - a. DCS shares information with other government agencies only for these purposes.
  - b. DCS releases information only as state and federal laws and regulations allow.
  - c. I can ask DCS for the other parent's personal and confidential information.
4. After reviewing my request, DCS will forward it to a Prosecuting Attorney if:
  - a. DCS receives all the forms and information requested on page 3.
  - b. My case meets the requirements for modification or adjustment.

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

5. 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 modification or an adjustment.
6. 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.
7. My modified or adjusted support order can result in higher or lower support payments.
8. 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 REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
PARENT'S REPRESENTATIVE'S PRINTED NAME

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