

How to ask DCS to Review Your Child Support Case for Modification

Introduction

If you have a child support order that DCS is enforcing, you have a few options for getting it modified. This packet explains how to ask DCS to review your order to see if modification is appropriate in your case.

If you don't want to work with DCS, you can petition for modification without DCS's help. This packet doesn't tell how to do that. DCS has more information how to do so on your own here:

<http://www.dshs.wa.gov/dcs/services/modification.asp#direct>.

You can also use this procedure if you want DCS to add medical support to your child support order.

What forms will I need?

The following forms are attached. You can also print out the following form from the DCS website:

- [Request for Review of Child Support Order](#)

You can get these forms from the courts website www.courts.wa.gov/forms:

- [Financial Declaration](#)
- [Confidential Information Form](#)
- [Child Support Worksheets](#)

How do I fill out the forms?

Request for Review of Child Support Order.

Fill in the blanks after "To:" with the names and mailing addresses of the other party (parties) and of your local DCS office. After "Re:" fill in the name/s of the child/ren covered by the support order. Fill out the blank after "IV-D CASE NUMBER" using notices you've gotten from DCS that have that information.

Read and follow the instructions in the box.

Check all the boxes that you believe apply to your case.

Read numbers one through eight on the second page.

Sign and date where indicated.

What do I do after filling out the forms?

Mail the forms to your local child support office.

DCS will ask for child support worksheets from you and the other party.

How will DCS decide whether to modify my child support order?

DCS will review your support order for possible modification using the following criteria:

DCS must have jurisdiction over the order or acquire jurisdiction by registration of the order. If another state has jurisdiction over your support order, contact that state directly to request adjustment. Otherwise, DCS may refer the case to that state.

- The amount of change DCS anticipates must be:
 - at least 100\$ and at least a 25% change up or down, or
 - an increase in current support of less than \$100 that would allow your family to get off public assistance (TANF).
- It's been 3 years since your order was entered or last reviewed for modification by DCS, or
- There's been a significant change of circumstances since the order was entered or was last modified.

Here are some examples of "significant change in circumstance:"

- You're currently in jail.
- You've become permanently disabled.
- You're currently receiving public assistance (such as SSI or TANF).
- You have new children you must support.
- You've lost your job and you can't find work at the same wage.

What's not in this packet?

You can skip asking DCS for a review if you have a court order from Washington State. Our packet [Filing a Petition for Modification of your Child Support Order](#) has forms and some instructions.

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STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

REQUEST FOR REVIEW OF CHILD SUPPORT ORDER

TO:

RE:

IV-D CASE NUMBER:

INSTRUCTIONS

1. Complete **this form**, a **Washington State Child Support Schedule**, a **Financial Declaration**, a **Confidential Information Form**, and (if you have more than two children) an **Addendum to Confidential Information Form**. **Attach copies of your last two federal income tax returns and a current pay stub.**
2. Except for your signature, print or type all responses on the forms. Use blue or black ink only.
3. Return the completed forms and attachments to the Division of Child Support (DCS) address listed on page 2.
4. DCS may deny your request for review if you do not provide all of the required information.
5. If a IV-D agency is making this request, a representative of the IV-D agency must sign the request.

I want DCS to review my child support order. I believe my order needs modification or adjustment because **(check all that apply to your case)**:

1. The income of one or both parents involved in my case has changed.
2. At least one of the children involved in my case:
 - a. Was less than 12 years old when the child support order was entered and is now 12 years old or more.
 - b. Has changed residences.
 - c. Is no longer a dependent.
3. My order does not have a health insurance obligation.
4. I have become disabled or incarcerated since the order was entered.
5. Other (specify): _____

I understand that:

1. This review may result in the modification of my order and that DCS will address only child support and health insurance for the children. Other issues are not DCS's responsibility.
2. DCS will not represent me or the other party to my support order. Both parties to the support order have the right to have an attorney represent them in court or have an attorney or other person represent them in an administrative hearing.
3. DCS may use information I provide to establish, modify, or enforce child support. DCS shares this information with other governmental agencies only for those purposes. You may request the other parent's personal and confidential information from DCS. DCS releases information only as state and federal laws and regulations allow.
4. DCS may ask a court to modify my child support order.

WARNING: DCS or a prosecuting attorney may share any documents you submit with the other party to your support order and may file the documents in the public court file. The other party to your support order has a right to see your financial information. Please remove your personal identification information (address, birthdate, social security number) from these documents before you submit them.

5. DCS or a prosecuting attorney may deny my request to adjust or modify my support order if my order does not meet legal standards or review requirements.
6. If a prosecutor decides to proceed with adjustment or modification of my support order, the adjusted or modified order is effective from the date prosecutor files the petition in court not the day I requested a review.
7. An adjustment or modification of my support order may result in an order that requires a higher or a lower support amount than my current order requires.
8. I always have the right to pursue adjustment or modification of my support order on my own.

Date

Parent's Signature

Date

Parent's Authorized Representative's Signature

Send completed forms, tax information, and pay information to:
DIVISION OF CHILD SUPPORT

IV-D AGENCY USE ONLY			
AGENCY REPRESENTATIVE'S SIGNATURE		DATE	
AGENCY P.O. BOX OR STREET ADDRESS	CITY	STATE	ZIP CODE

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.

**Superior Court of Washington
County of**

In re:

and

Petitioner,

Respondent.

No.

Financial Declaration

Petitioner

Respondent

(FNDCLR)

Name: _____

Date of Birth: _____

I. Summary of Basic Information

Declarant's Total Monthly Net Income (from § 3.3 below) \$ _____

Declarant's Total Monthly Household Expenses (from § 5.9 below) \$ _____

Declarant's Total Monthly Debt Expenses (from § 5.11 below) \$ _____

Declarant's Total Monthly Expenses (from § 5.12 below) \$ _____

Estimate of the other party's gross monthly income (from § 3.1f below) \$ _____

unknown

II. Personal Information

2.1 Occupation:

2.2 The highest year of education completed:

2.3 Are you presently employed? Yes No

a. If yes: (1) Where do you work. Employer's name and address must be listed on the Confidential Information Form.

- (2) When did you start work there (month/year)? _____
- b. If no: (1) When did you last work (month/year)? _____
- (2) What were your gross monthly earnings? \$ _____
- (3) Why are you presently unemployed? _____

III. Income Information

If child support is at issue, complete the Washington State Child Support Worksheet(s), skip Paragraphs 3.1 and 3.2. If maintenance, fees, costs or debts are at issue and child support is **Not** an issue this entire section should be completed. (Estimate of other party's income information is optional.)

3.1 Gross Monthly Income

If you are paid on a weekly basis, multiply your weekly gross pay by 4.3 to determine your monthly wages and salaries. If you are paid every two weeks, multiply your gross pay by 2.15. If you are paid twice monthly, multiply your gross pay by 2. If you are paid once a month, list that amount below.

	Name	Name
	_____	_____
a. Wages and Salaries	\$ _____	\$ _____
b. Interest and Dividend Income	\$ _____	\$ _____
c. Business Income	\$ _____	\$ _____
d. Spousal Maintenance Received		
From _____	\$ _____	\$ _____
e. Other Income	\$ _____	\$ _____
f. Total Gross Monthly Income (add lines 3.1a through 3.1e)	\$ _____	\$ _____
g. Actual Gross Income (Year-to-date)	\$ _____	\$ _____

3.2 Monthly Deductions From Gross Income

a. Income Taxes	\$ _____	\$ _____
b. FICA/Self-employment Taxes	\$ _____	\$ _____
c. State Industrial Insurance Deductions	\$ _____	\$ _____
d. Mandatory Union/Professional Dues	\$ _____	\$ _____
e. Pension Plan Payments	\$ _____	\$ _____
f. Spousal Maintenance Paid	\$ _____	\$ _____
g. Normal Business Expenses	\$ _____	\$ _____
h. Total Deductions from Gross Income (add lines 3.2a through 3.2g)	\$ _____	\$ _____

3.3 Monthly Net Income (Line 3.1f minus line 3.2h or line 3 from the Child Support Worksheet(s.)) \$ _____

- 3.4 **Miscellaneous Income**
- a. Child support received from other relationships \$ _____ \$ _____
- b. Other miscellaneous income (list source and amounts)
- _____ \$ _____ \$ _____
- _____ \$ _____ \$ _____
- _____ \$ _____ \$ _____
- _____ \$ _____ \$ _____
- c. Total Miscellaneous Income (add lines 3.4a through 3.4b) \$ _____ \$ _____
- 3.5 Income of Other Adults in Household \$ _____ \$ _____
- 3.6 If the income of either party is disputed, state monthly income you believe is correct and explain below:

IV. Available Assets

- 4.1 Cash on hand \$ _____
- 4.2 On deposit in banks \$ _____
- 4.3 Stocks and bonds, cash value of life insurance \$ _____
- 4.4 Other liquid assets: \$ _____

V. Monthly Expense Information

Monthly expenses for myself and _____ dependents are: (Expenses should be calculated for the future, after separation, based on the anticipated residential schedule for the children.)

5.1 Housing

- Rent, 1st mortgage or contract payments \$ _____
- Installment payments for other mortgages or encumbrances \$ _____
- Taxes & insurance (if not in monthly payment) \$ _____
- Total Housing \$ _____

5.2 Utilities

- Heat (gas & oil) \$ _____
- Electricity \$ _____
- Water, sewer, garbage \$ _____

Telephone \$ _____
Cable \$ _____
Other \$ _____
Total Utilities \$ _____

5.3 Food and Supplies

Food for _____ persons \$ _____
Supplies (paper, tobacco, pets) \$ _____
Meals eaten out \$ _____
Other \$ _____
Total Food Supplies \$ _____

5.4 Children

Day Care/Babysitting \$ _____
Clothing \$ _____
Tuition (if any) \$ _____
Other child-related expenses \$ _____
Total Expenses Children \$ _____

5.5 Transportation

Vehicle payments or leases \$ _____
Vehicle insurance & license \$ _____
Vehicle gas, oil, ordinary maintenance \$ _____
Parking \$ _____
Other transportation expenses \$ _____
Total Transportation \$ _____

5.6 Health Care (Omit if fully covered)

Insurance \$ _____
Uninsured dental, orthodontic, medical, eye care expenses \$ _____
Other uninsured health expenses \$ _____
Total Health Care \$ _____

5.7 Personal Expenses (Not including children)

Clothing \$ _____
Hair care/personal care expenses \$ _____
Clubs and recreation \$ _____

Education \$ _____
 Books, newspapers, magazines, photos \$ _____
 Gifts \$ _____
 Other \$ _____
 Total Personal Expenses \$ _____

5.8 Miscellaneous Expenses

Life insurance (if not deducted from income) \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Total Miscellaneous Expenses \$ _____

5.9 Total Household Expenses (The total of Paragraphs 5.1 through 5.8) \$ _____

5.10 Installment Debts Included in Paragraphs 5.1 Through 5.8

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5.11 Other Debts and Monthly Expenses not Included in Paragraphs 5.1 Through 5.8

<u>Creditor</u>	<u>Description of Debt</u>	<u>Balance</u>	<u>Month of Last Payment</u>	<u>Amount of Monthly Payment</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Total Monthly Payments for Other Debts and Monthly Expenses \$ _____

5.12 Total Expenses (Add Paragraphs 5.9 and 5.11) \$ _____

VI. Attorney Fees

6.1 Amount paid for attorney fees and costs to date: \$ _____

6.2 The source of this money was:

6.3 Fees and costs incurred to date: \$ _____

6.4 Arrangements for attorney fees and costs are:

6.5 Other:

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____, [City] _____ [State] on _____ [Date].

Signature of Declarant

Print or Type Name

The following financial records are being provided to the other party and filed separately with the court.

Financial records pertaining to myself:

Individual Partnership or Corporate Income Tax returns for the years _____ including all W-2s and schedules;

Pay stubs for the dates of _____

Other: _____

_____.

Do not attach these financial records to the financial declaration. These financial records should be served on the other party and filed with the court separately using the sealed financial source documents cover sheet (WPF DRPSCU 09.0220). If filed separately using the cover sheet, the records will be sealed to protect your privacy (although they will be available to all parties in the case, their attorneys, court personnel and certain state agencies and boards.) See GR 22 (C)(2).

Confidential Information Form (INFO)

County:	Cause Number:	Do not file in a public access file.
Court Clerk: This is a Restricted Access Document		

Divorce/Separation/Invalidity/Nonparental Custody/Paternity/Modifications
 Sexual Assault
 Other
 Domestic Violence
 Antiharassment
 Information Change (Check if you are updating information)

A restraining order or protection order is in effect protecting the petitioner the respondent the children.

The health, safety, or liberty of a party or child would be jeopardized by disclosure of address information because: _____

**The following information about the parties is required in all cases:
(Use the Addendum To Confidential Information Form to list additional parties or children)**

Petitioner Information	Type or Print Only	Respondent Information
Name (Last, First, Middle)		
Race	Sex	Birthdate
Driver's Lic. or Identocard (# and State)		
Mailing Address (P.O. Box/Street, City, State, Zip)		
Relationship to Child(ren)		
Name (Last, First, Middle)		
Race	Sex	Birthdate
Driver's Lic. or Identocard (# and State), (or, if unavailable, residential address)		
Mailing Address (P.O. Box/Street, City, State, Zip)		
Relationship to Child(ren)		

The following information is required if there are children involved in the proceeding. (Soc. Sec. No. is not required for petitions in protection order cases (Domestic Violence/Antiharassment/Sexual Assault).)

1) Child's Name (Last, First, Middle)

Child's Race/Sex/Birthdate

Child's Soc. Sec. No. (If required)

Child's Present Address or Whereabouts

2) Child's Name (Last, First, Middle)
Child's Race/Sex/Birthdate
Child's Soc. Sec. No. (If required)
Child's Present Address or Whereabouts
List the names and present addresses of the persons with whom the child(ren) lived during the last five years:
List the names and present addresses of any person besides you and the respondent who has physical custody of, or claims rights of custody or visitation with, the child(ren):

<u>Except for petitions in protection order cases (Domestic Violence/Antiharassment/ Sexual Assault), the following information is required:</u>	
Petitioner's Information	Respondent's Information
Soc. Sec. No.:	Soc. Sec. No.:
Residential Address (Street, City, State, Zip)	Residential Address (Street, City, State, Zip)
Telephone No.: ()	Telephone No.: ()
Employer:	Employer:
Empl. Address:	Empl. Address:
Empl. Phone No.: ()	Empl. Phone No.: ()
For Nonparental Custody Petitions only, list other Adults in Petitioner(s) household (Name/DOB):	

Additional information: _____

Addendum(s) To Confidential Information Form attached. List other parties or children in Addendum(s).

I certify under penalty of perjury under the laws of the state of Washington that the above information is true and accurate concerning myself and is accurate to the best of my knowledge as to the other party, or is unavailable. The information is unavailable because _____

Signed on _____ (Date) at _____ (City and State).

 Petitioner/Respondent

Washington State Child Support Schedule Worksheets

Proposed by (name) _____ State of WA Other _____. (CSWP)
Or, Signed by the Judicial/Reviewing Officer. (CSW)

Mother _____ Father _____
County _____ Case No. _____

Child Support Order Summary Report

This section must be completed for all Worksheets signed by the judicial/reviewing officer.

- A. The order **does** **does not** replace a prior court or administrative order.
- B. The **Standard Calculation** listed on line 17 of the Worksheet for the paying parent is:
\$_____.
- C. The **Transfer Amount** ordered by the Court from the Order of Child Support is: \$_____ to be paid by mother father
- D. The Court deviated (changed) from the **Standard Calculation** for the following reasons:
 Does not apply
 Nonrecurring income Sources of income and tax planning
 Split custody Residential schedule (including shared custody)
 Child(ren) from other relationships for whom the parent owes support
 High debt not voluntarily incurred and high expenses for the child(ren)
 Other (please describe): _____

_____.
- E. Income for the father is imputed actual income.
Income for the mother is imputed actual income.

Income was imputed for the following reasons: _____

_____.
- F. If applicable: All health care, day care and special child rearing expenses are included in the worksheets in Part III.

Worksheets

Child(ren) and Age(s):		
Part I: Income (see Instructions, page 6)		
1. Gross Monthly Income	Father	Mother
a. Wages and Salaries	\$	\$
b. Interest and Dividend Income	\$	\$
c. Business Income	\$	\$
d. Maintenance Received	\$	\$
e. Other Income	\$	\$
f. Imputed Income	\$	\$
g. Total Gross Monthly Income (add lines 1a through 1f)	\$	\$
2. Monthly Deductions from Gross Income		
a. Income Taxes (Federal and State)	\$	\$
b. FICA (Soc.Sec.+Medicare)/Self-Employment Taxes	\$	\$
c. State Industrial Insurance Deductions	\$	\$
d. Mandatory Union/Professional Dues	\$	\$
e. Mandatory Pension Plan Payments	\$	\$
f. Voluntary Retirement Contributions	\$	\$
g. Maintenance Paid	\$	\$
h. Normal Business Expenses	\$	\$
i. Total Deductions from Gross Income (add lines 2a through 2h)	\$	\$
3. Monthly Net Income (line 1g minus 2i)	\$	\$
4. Combined Monthly Net Income (add father's and mother's monthly net incomes from line 3)	\$	\$
5. Basic Child Support Obligation (enter total amount in box →) Child #1 _____ Child #3 _____ Child #5 _____ Child #2 _____ Child #4 _____	\$	\$
6. Proportional Share of Income (each parent's net income from line 3 divided by line 4)	.	.
Part II: Basic Child Support Obligation (see Instructions, page 8)		
7. Each Parent's Basic Child Support Obligation without consideration of low income limitations. (Multiply each number on line 6 by line 5.)	\$	\$
8. Calculating low income limitations: (Complete those that apply.)		
Self-Support Reserve: (125% of the Federal Poverty Guideline.)	\$	\$
a. Combined Net Income Less Than \$1,000: If line 4 is less than \$1000, then for each parent enter the presumptive \$50 per child.	\$	\$
b. Monthly Net Income Less Than Self-Support Reserve: If a parent's monthly net Income on line 3 is less than the self-support reserve, then for that parent enter the presumptive \$50 per child.	\$	\$
c. Monthly Net Income Greater Than Self-Support Reserve: For each parent subtract the self-support reserve from line 3. If that amount is less than line 7, then enter that amount or the presumptive \$50 per child, whichever is greater.	\$	\$
9. Each parent's basic child support obligation after calculating applicable limitations. For each parent, enter the lowest amount from line 7, 8a, 8b or 8c.	\$	\$

Part III: Health Care, Day Care, and Special Child Rearing Expenses (see Instructions, page 8)		
10. Health Care Expenses	Father	Mother
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$	\$
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)	\$	\$
c. Total Monthly Health Care Expenses (line 10a plus line 10b)	\$	\$
d. Combined Monthly Health Care Expenses (add father's and mother's totals from line 10c)		\$
11. Day Care and Special Child Rearing Expenses		
a. Day Care Expenses	\$	\$
b. Education Expenses	\$	\$
c. Long Distance Transportation Expenses	\$	\$
d. Other Special Expenses (describe)	\$	\$
	\$	\$
	\$	\$
e. Total Day Care and Special Expenses (add lines 11a through 11d)	\$	\$
12. Combined Monthly Total Day Care and Special Expenses (add father's and mother's day care and special expenses from line 11e)		\$
13. Total Health Care, Day Care, and Special Expenses (line 10d plus line 12)		\$
14. Each Parent's Obligation for Health Care, Day Care, and Special Expenses (multiply each number on line 6 by line 13)	\$	\$
Part IV: Gross Child Support Obligation		
15. Gross Child Support Obligation (line 9 plus line 14)	\$	\$
Part V: Child Support Credits (see Instructions, page 9)		
16. Child Support Credits		
a. Monthly Health Care Expenses Credit	\$	\$
b. Day Care and Special Expenses Credit	\$	\$
c. Other Ordinary Expenses Credit (describe)		
	\$	\$
d. Total Support Credits (add lines 16a through 16c)	\$	\$
Part VI: Standard Calculation/Presumptive Transfer Payment (see Instructions, page 9)		
17. Standard Calculation (line 15 minus line 16d or \$50 per child whichever is greater)	\$	\$
Part VII: Additional Informational Calculations		
18. 45 % of each parent's net income from line 3 (.45 x amount from line 3 for each parent)	\$	\$
19. 25% of each parent's basic support obligation from line 9 (.25 x amount from line 9 for each parent)	\$	\$

Part VIII: Additional Factors for Consideration (see Instructions, page 9)		
20. Household Assets (List the estimated present value of all major household assets.)	Father's Household	Mother's Household
a. Real Estate	\$	\$
b. Investments	\$	\$
c. Vehicles and Boats	\$	\$
d. Bank Accounts and Cash	\$	\$
e. Retirement Accounts	\$	\$
f. Other (describe)	\$	\$
	\$	\$
21. Household Debt (List liens against household assets, extraordinary debt.)		
	\$	\$
	\$	\$
	\$	\$
22. Other Household Income		
a. Income Of Current Spouse or Domestic Partner (if not the other parent of this action) Name _____ Name _____	\$ \$	\$ \$
b. Income Of Other Adults In Household Name _____ Name _____	\$ \$	\$ \$
c. Gross income from overtime or from second jobs the party is asking the court to exclude per Instructions, page 10 _____	\$	\$
d. Income Of Child(ren) (if considered extraordinary) Name _____ Name _____	\$ \$	\$ \$
e. Income From Child Support Name _____ Name _____	\$ \$	\$ \$
f. Income From Assistance Programs Program _____ Program _____	\$ \$	\$ \$
g. Other Income (describe) _____ _____	\$ \$	\$ \$
23. Non-Recurring Income (describe) _____ _____	\$ \$	\$ \$

24. Child Support Owed, Monthly, for Biological or Legal Child(ren)	Father's Household	Mother's Household
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Name/age: _____ Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
25. Other Child(ren) Living In Each Household		
(First name(s) and age(s))		
26. Other Factors For Consideration (attach additional pages as necessary)		
Signature and Dates		
I declare, under penalty of perjury under the laws of the State of Washington, the information contained in these Worksheets is complete, true, and correct.		
_____	_____	
Mother's Signature	Father's Signature	
_____	_____	
Date	City	Date
		City

Judicial/Reviewing Officer

Date

**This worksheet has been certified by the State of Washington Administrative Office of the Courts.
Photocopying of the worksheet is permitted.**