



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.