



## Review and Adjustment Request

**For Office Use Only:**  
Date Sent \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
Received From: (Check one below)  
 CP     NCP     Other State

\_\_\_\_\_  
Requesting Parent's Name

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Other Parent's Name (if known)

\_\_\_\_\_  
County

**THERE MUST BE AN OPEN CHILD SUPPORT SERVICES CASE IN ORDER FOR THE CHILD SUPPORT SERVICES (CSS) PROGRAM TO CONDUCT THE REVIEW.** Send this request and declaration directly to the county CSS unit that manages the child support services case. To open a child support services case, an application for child support services may be submitted along with the Review and Adjustment Request and the Declaration with Respect to Child Support. All forms may be completed on-line or downloaded from this website.

Either parent may ask the CSS program to review their child support order for a possible modification. The requestor must complete the Declaration with Respect to Child Support and provide evidence that a substantial change in circumstances has occurred.

The current child support order should be reviewed and modified by CSS, if warranted, because:

\_\_\_\_\_

The Declaration with Respect to Child Support must be completed. Documents that support the change in circumstances must be included – For example: Pay stubs, childcare statements, proof of health insurance coverage, etc.

**NOTE:**

- The review process may not be stopped after it begins - As long as there is an open child support case with either parent the review will be completed by the CSS program.
- A review may result in an increase or a decrease in the support amount, or may indicate that no change is warranted, or may cause medical coverage to be required, or may modify existing medical coverage requirements.
- If the child support amount is adjusted, the order may be effective from the date of the request, the date the request is filed with the court or the date of the order of modification.
- The CSS program is not able to review or modify spousal support.

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Home Phone Work Phone

**INCOME AND EXPENSE DECLARATION**

**INSTRUCTIONS:** Please print in ink or type. Complete each question with a check mark or an "X" in the space provided, or enter the information requested. If you have no knowledge of the information requested, enter "Don't know." **DO NOT** leave any questions unanswered, except as instructed. Attach documents and proof as requested. If any information changes after the declaration is complete, please notify the Child Support Services (CSS) unit of the changes.

**YOUR PERSONAL DATA**

Name (First, Middle, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Child(ren) born/adopted of this marriage/relationship:

<u>NAME (First, Middle, Last)</u>	<u>DATE OF BIRTH</u>

**YOUR PRIMARY EMPLOYMENT**

Current/Previous [Employer] [Business]: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Employment [Business] began: \_\_\_\_\_ end: \_\_\_\_\_

Hours worked each week: \_\_\_\_\_ Hourly wage: \$ \_\_\_\_\_ Salary: \$ \_\_\_\_\_

How often do you get paid? \_\_\_ Weekly \_\_\_ Every 2 weeks \_\_\_ Twice a month \_\_\_ Monthly

Monthly Gross Income: \$ \_\_\_\_\_

Bonus: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Tips: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

Commission: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

\_\_\_\_ Overtime is not available. \_\_\_\_ Overtime is required. Overtime is \$ \_\_\_\_\_ per hour.

Frequency: \_\_\_ Weekly \_\_\_ Every 2 weeks \_\_\_ Twice a month \_\_\_ Monthly

Year to date Total Gross Income: \$ \_\_\_\_\_

\_\_\_\_ Attached are pay statements for the last two to three months

**If self-employed:**

\_\_\_\_ Attached are IRS Tax returns for the last 3 years.

\_\_\_\_ Attached are personal and business income tax returns, including all schedules and forms (especially Form K-1, Form 1065, Form 1120S, or Form 1120C) for the last 3 tax years.

\_\_\_\_ Attached are income and expense balance sheets for each month since last business tax return filed.

**If unemployed**, what date did you last work? \_\_\_\_\_

I am unemployed due to: \_\_\_\_ Disability \_\_\_\_ Involuntary layoff at work

\_\_\_\_ Other. Please Explain: \_\_\_\_\_

Job skills/Trade: \_\_\_\_\_

Licenses: \_\_\_\_\_

Certifications: \_\_\_\_\_

Literacy level (check all that apply):  able to read  able to write  other languages: \_\_\_\_\_

Education level:  high school diploma  some college  degree: \_\_\_\_\_

\_\_\_\_\_  other: \_\_\_\_\_

\_\_\_\_\_ I am a full time student. Expected graduation date: \_\_\_\_\_ (Attach proof of status).

List any ongoing health conditions which impact your employment: \_\_\_\_\_

Criminal Record/Barriers to employment: \_\_\_\_\_

### **INCOME FROM OTHER SOURCES**

Information which may affect my monthly income status. Complete all that apply.

<u><b>SOURCE</b></u>	<u><b>MONTHLY AMOUNT</b></u>	<u><b>EFFECTIVE DATE</b></u>
Maintenance (Spousal Support)	\$	
Pension Income (Retirement)	\$	
Rental Income	\$	
Social Security Disability	\$	
Social Security Retirement	\$	
Social Security Survivors	\$	
Supplemental Security Income	\$	
Aid to the Needy and Disabled	\$	
Public Assistance (TANF)	\$	
Unemployment Compensation	\$	
Veterans Benefits	\$	
Workers Compensation	\$	
Private Disability Insurance	\$	
Other Income: _____	\$	
_____		

Assets:

**PARENTING TIME**

The child(ren) of this action primarily reside with \_\_\_\_\_.  
Number of overnights with me each year \_\_\_\_\_  
Number of overnights with the other parent each year \_\_\_\_\_  
Is there a current court order or agreement for parenting time: \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Attached is current court order/agreement for parenting time

**DAYCARE**

The child(ren) born or adopted of this marriage/relationship are in daycare so I am able to:  
 Work  Go to school  Look for work  Other: \_\_\_\_\_  
The charge for such daycare is \$\_\_\_\_\_ per \_\_\_\_ Week \_\_\_\_ Month.  
The average monthly cost for daycare is \$\_\_\_\_\_  
\_\_\_\_ Attached is proof of enrollment and payments/receipts.  
\_\_\_\_ Attached is completed and notarized Child Care Verification Form.  
\_\_\_\_ Attached is Child Care Assistance Parent Fee document.

**HEALTH INSURANCE INFORMATION**  
**Includes: Medical, Dental and Vision**

Is/are the child(ren) of this action receiving Medicaid: \_\_\_\_ Yes \_\_\_\_ No  
Health insurance \_\_\_\_ is \_\_\_\_ is not maintained for the child(ren) born or adopted of this marriage/  
relationship.  
I pay \$\_\_\_\_\_ as a monthly cost to cover only the child(ren) of this action on my  
health insurance.

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Name(s) of all Individual(s) covered: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

If the child(ren) are not covered, the monthly cost to add the child(ren) of this action would be \$\_\_\_\_\_.

\_\_\_\_\_ Attached is proof of benefits summary and cost.

### **OTHER DEDUCTIONS**

The child(ren) born/adopted during this marriage/relationship have uninsured health expenses in excess of \$250.00 per year. \_\_\_\_\_ Yes \_\_\_\_\_ No

The cost of such expense on a routine basis per single illness or condition is \$\_\_\_\_\_ per month.

Explain: \_\_\_\_\_

The child(ren) have extraordinary needs, which require payment on a monthly basis. Explain the needs and itemize the cost of them on a monthly basis: \_\_\_\_\_

\_\_\_\_\_ Attached is proof of expenses.

### **OTHER CHILDREN**

I pay child support for the following child(ren) not of this marriage/relationship, in the amount of \$\_\_\_\_\_.

\_\_\_\_\_ Attached is a copy of the order(s) and proof of payment.

\_\_\_\_\_ Attached is birth certificate(s) and proof of payment, if no court order exists.

<b><u>NAME (First, Middle, Last)</u></b>	<b><u>DATE OF BIRTH</u></b>	<b><u>CURRENT SUPPORT AMOUNT</u></b>

I am legally responsible for the following child(ren) not of this marriage relationship who currently reside with me.

\_\_\_\_\_ Attached is birth certificate(s) and proof of residence (i.e., school records).

<u>NAME (First, Middle, Last)</u>	<u>DATE OF BIRTH</u>

I pay Maintenance (spousal support) to a former spouse in the amount of \$\_\_\_\_\_ per month  
\_\_\_\_\_ Attached is a copy of the order and proof of payment.

**I declare under penalty of perjury under the law of Colorado that I have completed this declaration and the statements contained herein are true and correct. (C.R.S. § 13-27-106)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

Executed on the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year),

at \_\_\_\_\_.  
( City, State or Country)