

STATE OF OREGON, Child Support Program, by the Administrator (ORS 25.010)

County: \_\_\_\_\_ Court #: \_\_\_\_\_ CSP #: \_\_\_\_\_

Participants: \_\_\_\_\_, Obligor  
\_\_\_\_\_, Obligee  
\_\_\_\_\_, Other party (if any)

Children: \_\_\_\_\_,  
\_\_\_\_\_ (Child Attending School – if any), \_\_\_\_\_ (Adult Child – if any)

### **Request for Review Modification, Change of Custody, Credit on Arrears or Termination**

I request the Oregon Child Support Program review my support order for the reasons indicated below.

I understand this request may change the order because the program will apply the current child support guidelines to my present circumstances. This may result in either parent being required to pay cash child support, pay cash medical support, and provide health care coverage. [OAR 137-050-0700 to 137-050-0765]

**I understand that if my request results in a legal action, documents will be sent to me by regular mail to my last knowing address.** [ORS 25.527]

**I am requesting a review because:**

- It has been 35 months or more since the order was established or reviewed.
- My circumstances have changed as indicated below.

**Mark and complete all that apply.** Proof of any change must be provided or the request may be denied. [OAR 137-055-3430]

<input type="checkbox"/>	I've had a significant change in my gross income, or have permanently lost my job. When support was last calculated, my gross income was \$ _____ per month. My gross income is now \$ _____ per month.
<input type="checkbox"/>	The other parent's gross income has changed significantly from \$ _____ per month when support was last calculated to \$ _____ per month.
<input type="checkbox"/>	Private health care coverage is now available, or the cost of coverage has changed.
<input type="checkbox"/>	Private health care coverage is no longer available because:
<input type="checkbox"/>	There has been a significant change in the needs of the children. Explain:

<input type="checkbox"/>	<p>There has been a change of custody for one or more of the children. <b>Check all that apply:</b></p> <p><input type="checkbox"/> I don't want child support from the other parent. By choosing this option, I understand the program will not modify the order to have the other parent pay support for at least 35 months, unless there is a substantial change of circumstances.</p> <p><input type="checkbox"/> I want child support from the other parent. This request is my application for child support services.</p> <p><input type="checkbox"/> I want a credit against my arrears. I am asking for a credit because <b>all</b> minor children have been living with me since _____. [OAR 137-055-5510]</p> <p><b>Please explain the circumstances of the custody change:</b></p> <p><b>Include additional information, or proof of the custody change, with this request.</b></p>
<input type="checkbox"/>	<p>The children are legally emancipated. Explain:</p>
<input type="checkbox"/>	<p>The parent who owes support is incarcerated and has no known assets or income. <b>Include the current mailing address for the correctional facility and the prisoner identification number:</b></p>
<input type="checkbox"/>	<p>My financial circumstances have changed. Explain:</p>
<input type="checkbox"/>	<p>I now live with the other party, and we are providing support for the children in our home.</p>
<input type="checkbox"/>	<p>I have children who weren't included in the original calculation. List their full names and dates of birth:</p>
<input type="checkbox"/>	<p>I now receive <input type="checkbox"/> SSB <input type="checkbox"/> SSD <input type="checkbox"/> VA benefits in the amount of \$_____ per month. My children receive \$_____ per month from these benefits.</p>
<input type="checkbox"/>	<p>I request a credit against the child support arrears for <input type="checkbox"/> SSB <input type="checkbox"/> SSD <input type="checkbox"/> Veterans Benefits paid retroactively to the children in the amount of \$_____.</p>

**Complete and return the attached Uniform Income and Expense Statement (UIES) with this request. Send any additional information or proof of the change with the UIES.**

If you have an attorney representing you for child support issues, list their name, address and phone number:

---

Date	Signature	Printed Name
Cell #: _____	Text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Message#: _____
Home #: _____	Email: _____	

Address	City	State	Zip
---------	------	-------	-----

We will use your address to send you documents. It may also appear in legal papers given to the other party and in court records. If you do not want this address to be given to the other party or appear in court records, please call us.

Oregon Child Support Program  
 PO Box 14680  
 Salem OR 97309  
 Telephone: 800-850-0228  
 FAX: 503-986-6284  
 TTY: 800-735-2900

English	Need another language? Contact us.
French	<u>Avez-vous besoin d'une autre langue?</u> Communiquez avec nous.
German	Sie benötigen eine andere Sprache? Kontaktieren Sie uns.
Russian	Предпочитаете другой язык? Свяжитесь с нами.
Somali	Ma u baahan tahay luqad kale? Na la soo xiriir.
Spanish	¿Necesita otro idioma? Contáctenos.
Vietnamese	Quý vị có cần dùng ngôn ngữ khác không? Hãy liên lạc với chúng tôi.

The Child Support Program provides services for the State of Oregon. We cannot represent you or give you legal advice. You may contact your own lawyer at any time. Low cost legal services may be available. For information, you may visit our website at [OregonChildSupport.gov](http://OregonChildSupport.gov).

County: \_\_\_\_\_

Court #: \_\_\_\_\_

CSP #: \_\_\_\_\_

Participants: \_\_\_\_\_

Children: \_\_\_\_\_

### Uniform Income & Expense Statement

\_\_\_\_\_  
 Date Signature Printed Name

Cell #: \_\_\_\_\_ Text?  Yes  No Message#: \_\_\_\_\_

Home #: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
 Address City State Zip

We will use your address to send you documents. It may also appear in legal papers given to the other party and in court records. If you do not want this address to be given to the other party or appear in court records, please call us.

**List all 'Joint Children' in this Order (children under the age of 21, born to or adopted by the parties)**

Name of Child	Date of Birth	Children Living With:			Child 18-20 in School		If Child 18, in High School	
		Me	Parent	Other (Name)	Yes	No	Yes	No

List your additional joint children on a separate sheet of paper.

**1. Jurisdiction Questions (Only complete if no support order exists and the other parent does not reside in Oregon)**

This information will help us decide if the State of Oregon can legally establish a support order against the other party, or if another jurisdiction will be requested to establish the order. If you answer yes to any of the first four questions (1A-1D) for one or more of the children listed above, please continue to complete the entire form, and return it to the office below. Please list all children for whom you are answering in the blank for each question. If you answer no to all of the first four questions (1A-1D) for all children, please also complete 1E & 1D only and return this form to the office below. Different paperwork may be needed to request another jurisdiction to establish the order.

**1A. Was your child (or children) conceived in Oregon?**

Yes, List Child(ren)     No

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

**1B. Did your child (or children) ever live in Oregon with the other parent?**

Yes, List Child(ren)     No

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

**1C. Did the other parent live in Oregon and pay prenatal expenses, birth costs, or support for any of your children ?**

Yes, List Child(ren)     No

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

\_\_\_\_\_ (name) Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (MM/YY)

What expenses did the other parent pay? \_\_\_\_\_

Who did the other parent pay? \_\_\_\_\_

**1D. Did you and any of your children move here to be with the other parent?**

Yes     No

Did the other parent ask you to move here?  Yes     No

**1E. Have you ever received public assistance (cash or medical benefits) in another jurisdiction?**

Yes, Where \_\_\_\_\_ (City/County) When \_\_\_\_\_ (Month/Year)     No

**1F. Do you already have a support order for any of these children?**  Yes     No    If yes, explain and attach the most recent copy of your orders, if available: \_\_\_\_\_

**Support Order and Children Information**

**Do you already have a support order for these children?**  Yes  No If yes, explain and **attach** the most recent copy of your orders, if available: \_\_\_\_\_

**Do you have a parenting time order or written parenting time agreement for these children?**

Yes  No If yes, **attach** a copy of the order or agreement.

**Do you support other children in your home or have a support order for children not in your home?**

Yes  No If yes, list them below.

Child's First Name	Date of Birth	Relationship (daughter, son, etc.)	If there is an order for you to pay support, provide state, county & court number.	Child 18 in High School in Your Home	
				Yes	No

List biological and adopted children or stepchildren you are ordered to support. List other children you support on a separate piece of paper.

**Do you pay or receive spousal support?**  Yes  No

Amount paid: \$ \_\_\_\_\_ to whom \_\_\_\_\_

Amount received: \$ \_\_\_\_\_ from whom \_\_\_\_\_

**Employment, Income and Costs**

**Are you employed?**  Yes  No

Name, address, & phone number of employer: \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_ Do you consistently receive wages for overtime hours?  Yes  No

What is your monthly income before deductions? \$ \_\_\_\_\_. **Attach** a copy of your most recent pay stub.

Do you pay mandatory union dues?  Yes  No If yes, how much per month? \$ \_\_\_\_\_

Do you receive expense reimbursements or allowances for a car, cell phone, housing, subsidies, or any other expenses which reduce your living expenses?  Yes  No If yes, how much per month?

\$ \_\_\_\_\_ **Attach** proof you receive expense reimbursements or allowances.

**Are you receiving workers' compensation or unemployment benefits?**  Yes  No

If yes, list the source and the amount of the monthly or weekly benefit:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  Monthly  Weekly

What type of work have you done in the last five years? \_\_\_\_\_

Why did your last job end? \_\_\_\_\_

**Are you self-employed?**  Yes  No

Name, address, & phone number of your business: \_\_\_\_\_

**Attach** a copy of your most recent tax return (personal and business, including all schedules) or profit & loss statement.

**Do you have other income?**  Yes  No Income **includes** but is not limited to, commissions, advances, bonuses, dividends, severance pay, pensions, interest, Social Security benefits, disability insurance benefits, prizes, lottery, alimony, Supplemental Security income, and distributions from a trust.

Income **does not include** child support, food stamp benefits, Social Security resulting from a child's disability, adoption assistance, guardianship assistance, and foster care subsidies.

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Do you have child care costs for the 'Joint' children?**  Yes  No

Are the children 12 years old or under?  Yes  No Are the children disabled?  Yes  No

If you answered yes to either question, list the name(s) of the children, date(s) of birth and amount(s) you pay for their care and **attach** proof of child care costs: (Only include the costs you pay out of pocket.)

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

### Health Care Coverage and Medical Support

**Are you paying for your own health care coverage?**  Yes  No If yes, what is your monthly cost? \$ \_\_\_\_\_. **Attach** proof of coverage showing your monthly cost.

**Is health care coverage available for your children?**  Yes  No If yes, who insures the children?

Source of insurance:  employer  other group  spouse  domestic partner  other \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Effective date of the policy: \_\_\_\_\_

Monthly cost per child \$ \_\_\_\_\_ Name(s) of children currently covered by insurance: \_\_\_\_\_

**Do you pay ongoing medical expenses for the children?**  Yes  No

If yes, list the name(s) of children, the reason for the expense, and the monthly cost:

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Attach** proof of insurance and ongoing medical expenses for the children.

### Other Benefits, Costs, or Expenses

**Do any of your children receive Social Security or Veteran's benefits due to a parent's disability or retirement?**  Yes  No

What type of benefit do they receive?

- Survivors and Dependents Educational Assistance
- Social Security benefits
- Apportioned Veteran's benefits due to the disability or retirement of a parent

What is the total monthly benefit amount the children receive? \$ \_\_\_\_\_

**If your child is in state care, do you have regular visits?**  Yes  No

If so, how far do you travel? \_\_\_\_\_

How often do you visit? \_\_\_\_\_

Does the Department of Human Services pay any of these expenses?  Yes  No

**Do you have court ordered counseling or classes that you must attend?**  Yes  No

If yes, what are your expenses associated with these classes? \$ \_\_\_\_\_

**Do you have a medical condition that prevents you from working?**  Yes  No

**Attach** proof of disability (SSA award letter, doctor's diagnosis of disability)

**Do you have court or attorney fees associated with the children in care?**  Yes  No

If yes, list the fees: \_\_\_\_\_

**Do you have to pay probation fees?**  Yes  No If yes, how much? \$ \_\_\_\_\_

**Are there any additional expenses or needs you want us to consider when calculating your child support?** \_\_\_\_\_

Amount of the expense: \$ \_\_\_\_\_ How does it affect your ability to pay support? \_\_\_\_\_

**Additional Information**

**Are there any other special circumstances that you want us to consider?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is there any information you can provide about the other parent?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*If you need more room to answer any of these questions, attach a separate piece of paper*

**Are you represented by an attorney for child support matters?**  Yes  No

If yes, please provide the attorney name and contact information below.

Attorney Name

Phone #

Fax #

Address

City/State

Zip



English	Need another language? Contact us.
French	Avez-vous besoin d'une autre langue? Communiquez avec nous.
German	Sie benötigen eine andere Sprache? Kontaktieren Sie uns.
Russian	Предпочитаете другой язык? Свяжитесь с нами.
Somali	Ma u baahan tahay luqad kale? Na la soo xiriir.
Spanish	¿Necesita otro idioma? Contáctenos.
Vietnamese	Quý vị có cần dùng ngôn ngữ khác không? Hãy liên lạc với chúng tôi.

The Child Support Program provides services for the State of Oregon. We cannot represent you or give you legal advice. You may contact your own lawyer at any time. Low cost legal services may be available. For information, you may visit our website at [OregonChildSupport.gov](http://OregonChildSupport.gov).

Oregon Child Support Program  
PO Box 14680  
Salem OR 97309  
Telephone: 800-850-0228  
FAX: 503-986-6284  
TTY: 800-735-2900