



**DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT SERVICES**

PO Box A Greeley, CO 80632

Website: www.weld.gov

E-mail: childsupport@weld.gov

Fax Number: (970) 346-7663

Child Support (970) 400-6499

Dear Sir/Madam:

Enclosed are the state Review and Adjustment Request Form and the financial affidavit for you to complete and return to our office.

The review process does not begin until we receive a fully completed request form, financial affidavit, and all **REQUIRED PROOF**.

- Fill out all paperwork in ink or type your responses
- Complete all items on the financial affidavit
- Incomplete applications and financial affidavits cannot be processed
- Documentation is needed to receive credit for any items listed on the affidavit
- The Review and Adjustment process may take up to six months

Should you have any questions about these forms or need further assistance, please contact Child Support Customer Service at (970) 400-6499.

Sincerely,

Weld County Child Support

Modification Request Checklist

Review and Adjustment Request			
	Yes	No	N/A
Name, current address, phone number and e-mail address provided			
Reason for request is given. (Please be specific, this is mandatory)			
Request is signed			
Employment			
Your personal data is filled out completely and is current			
Primary Employment is completely filled out with your current, or most recent employer (Do not leave blank)			
If currently employed, attach 3 months of your most recent paystubs			
If unemployed, attached your most recent tax returns			
If self-employed, attach most recent 3 years business tax returns, including all schedules			
If you are receiving unemployment benefits, attach proof of how much you receive weekly			
If you are a full-time student, attach your class schedule			
Income from Other Sources			
If you are receiving SSI, SSDI, Retirement, Survivors, or VA benefits, attach your award letter			
Completely fill out all sections			
Parenting Time			
If you have had a change in visitations, attach a copy of your most recent agreement			
Daycare			
Complete Childcare Verification form or attach proof of costs			
Health Insurance Information			
Provide health insurance information			
If providing health insurance, attach proof of the cost for ONLY the child(ren) on this case			
Other Deductions and Other Support Orders			
If you have biological children and/or adopted children who live with you, attach a copy of their birth certificate(s). Do not include stepchildren who live with you			
If you are paying child support for other children, attach proof of payments			
Financial Affidavit is signed and notarized/unsworn declaration			



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>SOURCE</u>	<u>MONTHLY AMOUNT</u>	<u>EFFECTIVE DATE</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.

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

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)

CHILD CARE VERIFICATION FORM

In order for child care credit to be used in calculating the child support guidelines, this form must be completed in its entirety and returned to the WELD COUNTY CHILD SUPPORT ENFORCEMENT OFFICE.

If Existing CSE Case: Household number: _____

CSE Tech: _____

Custodial Parent: _____

SSN#: _____

Non-Custodial Parent: _____

SSN#: _____

Are you currently enrolled in a Child Care Assistance Program? Yes No

If yes, the Monthly Parental Fee is \$ _____.

LICENSED PROVIDERS- The child care provider must complete this form and attach documentation on the facility's letterhead showing enrollment, costs and payments made.

UNLICENSED PROVIDERS- If the child care provider is not licensed, the child care provider must complete this form and SIGN IT BEFORE A NOTARY. ***The parent paying daycare costs must provide current receipts or cancelled checks with this verification form. Failure to provide documentation may result in the child care costs being excluded from the guideline calculation.***

Name of Company/Individual Providing Child care: _____

Address: _____

Phone number: _____ License or FEIN Number _____

The Children Currently Enrolled in Child Care:

Name:	Date of Birth:	Date of Enrollment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Paid: \$ _____ Monthly Weekly Year to date

Signature of Parent

Date

Affirmation by Child Care Provider

I declare and affirm, under the penalty of perjury that the above information is true and accurate and that I can be summoned to appear in court to testify to these facts.

Signature of Child Care Provider

Subscribed and sworn to me this ___ day of _____, 20__.

My Commission Expires

Notary Public