

## REQUEST FOR REVIEW

Case Number:

SC Number:

Name:

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Address:

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Telephone:

(     )                      (     )                      (     )  
HOME                                      WORK                                      MESSAGE

Reason:

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Change in Circumstance:

- There has been a change in custody.
- The non-custodial parent has become employed.

Date \_\_\_\_\_

\_\_\_\_\_

Sign Here

Before we can proceed with a review of the order, you must complete and return this request and the enclosed forms.

Enclosure

## REQUEST FOR REVIEW FREQUENTLY ASKED QUESTIONS

Your child support order will be reviewed to determine if the child support amount should be changed. This action is a result of a request either from you, from the other parent, or from the Department of Child Support Services. The documents and forms you received from our office must be completed and returned promptly in order to begin the review process. To assist you in the completion of the forms, we have provided frequently asked questions regarding the Request for Review form and the Review and Adjustment process:

➤ **Question:** Is the Request for Review form and the Income and Expense Declaration all I need to complete and submit?

❖ **Answer:** Yes, these are the only two documents you will be required to complete; however, prior to starting any court action and in order to fairly determine your obligation, you must provide certain information. Please submit the following information with your Request for Review and Income and Expense Declaration forms.

- **Three most recent paycheck stubs**
- **All W-2s showing last year's wages**
- **Your State and Federal tax return for last year's income**
- **All 1099s showing last year's income (*if applicable*)**
- **If you are receiving Unemployment, Social Security Benefits, or other types of governmental assistance, please attach a copy of your grant letter or 3 recent stubs showing the benefit amount**
- **If you have child care expenses for the child(ren) involved, please provide payment receipts**

➤ **Question:** What if I decide not to complete the forms or turn in any of the requested information?

❖ **Answer:** It would be in your best interest to return the enclosed documents and the information requested. If the requested information is not returned to us, we are required to set your child support obligation by assuming what your income is. If you are the party initiating the review of your child support order, you must submit a Request for Review form and Income and Expense Declaration; failure to do so will result in termination of the review. Please be aware that your court ordered child support amount could go up or down depending on the information received.

➤ **Question:** What is the Review and Adjustment process?

❖ **Answer:** The judicial Review and Adjustment process is the process by which a court order is reviewed by looking at both parents' current financial situation to determine if the current child support order is appropriate. If the order is not appropriate and the child support amount should be changed, our office will file a Notice of Motion and set a court date. Both parties will then receive a notice to appear in court for a hearing at which time your order will be reviewed by a judge. Based on the information you provide us, the judge will determine the appropriate child support amount.

➤ **Question:** How long does this process take?

❖ **Answer:** Generally, the Judicial Review and Adjustment process is completed within 60 to 90 days of having received your Request for Review.

➤ **Question:** Does the Department of Child Support Services represent me in court?

❖ **Answer:** We provide services on behalf of the County of Orange. We do not represent you or the other parent, and we cannot provide legal advice. You may contact a private attorney at any time.

If you have any questions, please call (866)901-3212. The information requested may be faxed to (714)347-8200.

## PREGUNTAS MÁS COMUNES SOBRE EL PROCESO DE MODIFICACIÓN

Nuestra oficina ha recibido una petición para revisar si la cantidad de mantenimiento de niños ordenada en su caso es apropiada o si debe ser cambiada. Esta petición la ha edho usted, el otro padre/madre en su caso, o el Departamento de Mantenimiento de Niños. Usted debe llenar las formas y regresarlas a nuestra oficina lo mas pronto posible para que nosotros podamos empezar el proceso de la modificación. Para asistirle a completar estos documentos, le hemos proveído las siguientes respuestas a las preguntas hechas con más frecuencia sobre el proceso de la modificación.

- **Pregunta:** ¿Solo tengo que llenar y regresar la formas, “Request for Review” y la “Declaración de Ingresos y Gastos (Income and Expense)”?
- ❖ **Respuesta:** Si, estas son las únicas dos formas que necesita llenar, pero, para empezar cualquier acción legal y para determinar una cantidad de mantenimiento apropiada, se requiere que provea los siguientes documentos:
  - Tres talones de cheque mas recientes
  - Todas las formas W-2 del año anterior
  - Su declaración de impuestos (Income Tax) Federales y Estatales del año anterior
  - Todas las formas 1099 demostrando sus ingresos del año anterior (*si le aplica a usted*)
  - Si usted esta recibiendo beneficios de desempleo (Unemployment), Seguro Social (Social Security), o algún otro tipo de asistencia gubernamental, por favor adjunte una carta de verificación o sus tres talones mas recientes de los beneficios
  - Si usted tiene gastos del cuidado de niños (child care), provea recibos o cualquier otra verificación de la cantidad que paga
- **Pregunta:** ¿Que pasa si decido no completar las formas o proveer la información requerida?
- ❖ **Respuesta:** Le beneficia a usted que provea las formas y la información requerida. Si usted no provee la información, es posible que se establezca una cantidad de mantenimiento basado en ingresos presuntos. Si usted es la persona que solicito el reviso de la cantidad de mantenimiento de niños, usted debe someter las formas, “Request for Review” y “Income and Expense Declaration” (*Declaracion de Gastos e Ingresos*). Al no someter estos documentos, su petición será negada. Recuerde que la cantidad de su arder puede aumentar o disminuir dependiendo de la información recibida.
- **Pregunta:** ¿Que pasa durante el proceso de modificación?
- ❖ **Respuesta:** El proceso de la modificación se utiliza para revisar la situación financiera de ambos padres para determinar si la orden de mantenimiento de niños es apropiada. Si se determina que la orden no es apropiada y que la cantidad de mantenimiento de niños se debe cambiar, nuestra oficina presentara una petición para que la orden se revise en la corte. Ambos padres recibirán notificación de una cita para la audiencia para cual deberán presentarse en la corte. Dependiendo en la información presentada, el juez determinara la cantidad de mantenimiento de niños apropiada.
- **Pregunta:** ¿Cuanto tiempo se tarda el proceso de la modificación?
- ❖ **Respuesta:** Generalmente, el proceso se completa dentro 60 a 90 días después de recibir la petición para revisar el caso.
- **Pregunta:** ¿Me va a representar el Departamento de Child Support Services cuando vaya a la corte?
- ❖ **Respuesta:** Nosotros proveemos servicios a favor del Condado de Orange. Aunque actuamos a favor del interés de los niños, no representamos a ninguno de los padres y no podemos rendir les consejo legal. Si usted desea, puede comunicarse con un abogado privado en cualquier momento.

Si tiene preguntas, por favor llame al (866)901-3212. La información requerida puede ser enviada por fax al (714) 347-4950.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify):
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify):
- c. Number of years of college completed (specify):  Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify):  Degree(s) obtained (specify):
- e. I have:  professional/occupational license(s) (specify):  
 vocational training (specify):

3. **Tax information**

- a.  I last filed taxes for tax year (specify year):
- b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name):
- c. I file state tax returns in  California  other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$  
This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes) . . . . .	\$ _____	_____
b. Overtime (gross, before taxes) . . . . .	\$ _____	_____
c. Commissions or bonuses . . . . .	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving . . . . .	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage . . . . .	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership . . . . .	\$ _____	_____
g. Pension/retirement fund payments . . . . .	\$ _____	_____
h. Social security retirement (not SSI) . . . . .	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance . . . . .	\$ _____	_____
j. Unemployment compensation . . . . .	\$ _____	_____
k. Workers' compensation . . . . .	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify): . . . . .	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest . . . . .	\$ _____	_____
b. Rental property income . . . . .	\$ _____	_____
c. Trust income . . . . .	\$ _____	_____
d. Other (specify): . . . . .	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** . . . . . \$ \_\_\_\_\_

I am the  owner/sole proprietor  business partner  other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.**

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

10. **Deductions** . . . . . Last month

a. Required union dues . . . . .	\$ _____	_____
b. Required retirement payments (not social security, FICA, 401(k), or IRA) . . . . .	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) . . . . .	\$ _____	_____
d. Child support that I pay for children from other relationships . . . . .	\$ _____	_____
e. Spousal support that I pay by court order from a different marriage . . . . .	\$ _____	_____
f. Partner support that I pay by court order from a different domestic partnership . . . . .	\$ _____	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") . . . . .	\$ _____	_____

11. **Assets** . . . . . Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts . . . . .	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell . . . . .	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) . . . . .	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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**12. The following people live with me:**

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**       Estimated expenses       Actual expenses       Proposed needs

- |  |   |
|--|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes . . . . . \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) . . . . . \$ _____</p> <p>(4) Maintenance and repair . . . . . \$ _____</p> <p>b. Health-care costs not paid by insurance. . . \$ _____</p> <p>c. Child care . . . . . \$ _____</p> <p>d. Groceries and household supplies. . . . . \$ _____</p> <p>e. Eating out. . . . . \$ _____</p> <p>f. Utilities (gas, electric, water, trash) . . . . . \$ _____</p> <p>g. Telephone, cell phone, and e-mail . . . . . \$ _____</p> | <p>h. Laundry and cleaning . . . . . \$ _____</p> <p>i. Clothes . . . . . \$ _____</p> <p>j. Education . . . . . \$ _____</p> <p>k. Entertainment, gifts, and vacation. . . . . \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) . . . . . \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments. . . . . \$ _____</p> <p>o. Charitable contributions. . . . . \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . . \$ _____</p> <p>q. Other (specify): . . . . . \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b> \$ _____</p> |
|--|---|

**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees (This is required if either party is requesting attorney fees.):**

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ \_\_\_\_\_
- b. The source of this money was (specify): \_\_\_\_\_
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ \_\_\_\_\_
- d. My attorney's hourly rate is (specify): \$ \_\_\_\_\_

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)

▶

\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
  
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expenses for the children in this case**

	Amount per month
a. Child care so I can work or get job training. . . . .	\$ _____
b. Children's health care not covered by insurance . . . . .	\$ _____
c. Travel expenses for visitation . . . . .	\$ _____
d. Children's educational or other special needs <i>(specify below)</i> : . . . . .	\$ _____

**19. Special hardships.** I ask the court to consider the following special financial circumstances

	Amount per month	For how many months?
<i>(attach documentation of any item listed here, including court orders):</i>		
a. Extraordinary health expenses not included in 18b. . . . .	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss) . . . . .	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me . . . . .	\$ _____	_____
(2) Names and ages of those children <i>(specify)</i> :		

(3) Child support I receive for those children. . . . . \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**

## **NOTICE TO ALL CUSTODIAL PARTIES AND NON-CUSTODIAL PARENTS**

**SUBJECT: OPERATION ENDURING FREEDOM – REVIEW AND ADJUSTMENT REQUESTS**

**THE SERVICEMEMBERS CIVIL RELIEF ACT – RESTRICTIONS ON INTEREST**

This is to tell you about a federal law called the Servicemembers Civil Relief Act (SCRA). This Act offers certain benefits to a parent who has recently been called to active duty as a result of our War on Terrorism, the war in Iraq, or any other United States action that deploys servicemembers into active military duty.

- If your income has gone down since you were called to active military service, you may be able to have your current child support amount changed.
- You may receive a lower interest rate charged on any past due child support you owed before you were called to active military service.

### **Changes to Child Support Orders**

If you were called to active military service and you are a Custodial Party or Non-Custodial Parent, your local child support agency (LCSA) must allow you to request a review of your current support order. The review process may result in an upward or downward change or no change. Once the review has been completed, both parents must receive a notice.

### **Lower Interest Rate on Past Due Support**

As a parent called to military service, you may also ask for a lower interest rate on child support arrearages under the SCRA. The interest rate on unpaid child support is usually ten percent in California. However, as a servicemember you may request the LCSA to lower the interest rate from ten percent down to six percent charged on past due support that was owed before the date you entered into active duty military service.

Your request for a lower interest rate must be in writing and say that you are making this request because of the Servicemembers Civil Relief Act. You must also provide documentation of active duty status and provide the date when active duty began.

**To request a change to your child support order or a lower interest rate on past due support as allowed in the Servicemembers Civil Relief Act, you should contact your Local Child Support Agency at:**

**O.C. Dept. Of Child Support Services  
P.O. Box 22099  
Santa Ana, CA 92702-2099  
(866)901-3212**