



**STATE OF INDIANA
OFFICE OF THE PROSECUTING ATTORNEY, CASS COUNTY
29TH JUDICIAL CIRCUIT**

NOAH SCHAFFER
PROSECUTOR

**CASS COUNTY TITLE IV-D
CHILD SUPPORT DIVISION
REVIEW OF CHILD SUPPORT POLICIES / PROCEDURES**

You have recently requested a review of a child support obligation. Below are the policies/procedures for the review of the Cass County Title IV-D/Child Support Division:

*The Request for Modification Review of Child Support, a copy of which is attached, must be signed and returned to our office in order for the review request to be processed.

*The review is to be based on a continual and substantial change of circumstances. A completed Child Support Obligation Worksheet must indicate a change in the current support order, either an increase or decrease, by twenty percent (20%), in order for the Title IV-D Office to proceed.

*The Title IV-D Office will first request the income information from the requesting party. Once the information is received from the requesting party, the same information will be requested from the other party. The review will be completed once the Title IV-D Office receives all the information plus supporting documentation.

*If the review meets all the requirements for a modification, the Title IV-D Office will prepare a proposed Modification Order and send a copy to both parties. If an agreement can be reached, the Order will be submitted to the Court without hearing. If an agreement cannot be reached, the Title IV-D Office will file the appropriate petition with the Court requesting a modification hearing.

*All necessary information, plus supporting documentation, must be provided when requested in order to conduct the review. If the information is not provided as requested, the review will be denied.

REQUEST FOR MODIFICATION REVIEW OF CHILD SUPPORT

The undersigned, using the services of the Cass County Title IV-D Office, hereby requests an administrative review of the child support obligation.

The undersigned hereby understands the following:

1. That a modification review requires proof of a substantial and continual change of circumstances, which requires the calculation of a new Child Support Obligation Worksheet;
2. Once a modification review has been requested, the request may not be withdrawn;
3. That the results of the review will be provided to both the Custodial Parent and the Non-Custodial Parent;
4. That the amount of child support indicated by the new worksheet must vary by at least twenty percent (20%) from the current support order in order for the State to file a Motion requesting a change from the Court. If the change is less than twenty percent (20%), the State will not proceed;
5. That the change of twenty percent (20%) can be either an increase or a decrease; in either case, the State will proceed with its Motion to Modify Support;
6. That, due to the caseload of the Title IV-D Office, it may take up to six (6) months from the date this request was submitted for the Title IV-D Office to complete the review.
7. That, by statues, a motion to modify child support can only be filed once in a twelve month period.
8. That the review will be terminated if the person requesting the review fails to provide the necessary information in a timely manner.

Dated: _____

Signature: _____

Custodial Parent Non-Custodial Parent

Address

Other Parent: _____

**CASS COUNTY TITLE IV-D
INFORMATION FOR CHILD SUPPORT OBLIGATION
REVIEW / MODIFICATION**

Name: _____ Telephone: _____
Address: _____ Other Phone: _____
_____ E-Mail: _____
Other Parent's Name: _____

PARENTING TIME / VISITATION

(TITLE IV-D DOES NOT HANDLE ANY DISPUTES ON PARENTING TIME OR VISITATION)

Does the Non-Custodial Parent exercise parenting time (visitation) with the child(ren)?
 Yes NO

If yes, approximately how many overnight visits per year? _____
(If no indication of how many overnights, the Title IV-D Office will use 52 overnights per year.)

INCOME INFORMATION

(If more than one employer, and/or any other source of income,
please attach additional information on a separate sheet of paper.)

**Please attach a copy of your most recent State and Federal Tax Returns, all W-2s or 1099s
from the previous year, and three of your most recent pay-stubs or unemployment
compensation stubs.**

Please mark all that apply:

I am currently employed.
 Full-Time Part-Time

Employer: _____

Address: _____

Approximate number of hours worked per week: _____

Current gross income: \$_____ per:
(Circle one): hour / week / bi-weekly / bi-monthly / bi-monthly / salary

I am currently Self-Employed and made \$_____ last year.

I am currently receiving unemployment compensation in the amount of \$_____ per week. (Verify by attaching copies of unemployment compensation stub, as well as copies of most recent State and Federal Tax Return and W-2s or 1099.)

I am not currently employed and have no income at this time.

I am not currently employed; however, I am receiving TANF in the amount of \$_____ per month.

HEALTH INSURANCE PREMIUMS

This is referring to coverage only for the child(ren).

Please do not include rates for coverage on yourself.

Please verify the information by attaching appropriate documentation.

Please mark all that apply.

I currently pay a weekly amount for the child(ren)'s portion of health insurance in the rate of \$_____ per week.

I currently do not pay a Health Insurance Premium for the child(ren).

The child(ren) is/are covered by Hoosier Healthwise.

Private Health Insurance is available through my employer for the child(ren) in this case at the rate of \$_____ per week. (Verify by attaching documentation of children's portion of insurance premium.)

Health Insurance is not available through my current employer.

WORK-RELATED DAYCARE EXPENSES

Do you currently pay for work-related daycare expenses? Yes No

If yes, what is the weekly amount paid? \$_____

Please verify by attaching copies of daycare statements and/or receipts.

SUBSEQUENT CHILDREN

Do you have any children born **AFTER** the child(ren) in this case?
 Yes No

If yes, how many? _____

OTHER EXISTING CHILD SUPPORT ORDERS
Please verify by attaching a copy of the Support Order.

Are you currently under Court Order to pay child support on a case unrelated to this one?
 Yes No

If yes:

What is/are the age(s) of the child(ren)? _____

What is your current obligation? \$_____ per: week / month (Circle one)

What is the cause number for the case? _____

What County is the Support ordered through? _____

I hereby affirm under the penalties for perjury that the above information is true and correct, and I have no other income than what has been reported on this form.

Signature: _____

Print: _____

Date: _____

NOTE: If documentation is not provided concerning work-related daycare expenses and Health Insurance premiums, credit will NOT be applied and the support will not be recalculated if provided to our office after the review has been completed.