

Request for Review of Child Support Order

CP:
NCP:
Court Case:
IV-D Case(s):

I request that the child support agency review my child support order. I understand that the review may result in an increase, decrease, or no change in my child support and health insurance orders.

_____ I have enclosed a completed Financial Disclosure Form and provided the other documents necessary for the review.

I understand that the child support agency represents the State of Wisconsin in child support actions. The State's interests may be different from those of either parent.

I understand that if the county child support attorney appears at a hearing regarding my order, the attorney represents the State of Wisconsin, and does not represent me. Services provided by the child support attorney do not create an attorney-client relationship with me or with the other parent.

Address:

Address:

Employer name & address:

Employer name & address:

Who has legal custody of the child(ren) in this court order?

Who has physical custody?

Explain any change in circumstances since the last child support order was set: (change in income; change in custody or overnight visitation arrangements; any children turning age 18 and out of high school, etc.)

Does the parent who pays child support have other children to support? What are their names and ages, and the amount of any child support ordered?

Do any of these children live with the payer? What are their names and ages?

Requested by: (signature) _____ Date: _____

Print name: _____ Daytime phone: _____