TARA COATS HUNT
Prosecutor

NATHAN W. BILLS
Deputy Prosecutor

MELISSA CAMPBELL
Chief Deputy Prosecutor

TRENT THOMPSON
Deputy Prosecutor, IV-D

WASHINGTON COUNTY TITLE IV-D CHILD SUPPORT DIVISION

NOTICE OF RIGHT TO REVIEW AND PROCEDURES

You are hereby notified that: pursuant to and in accordance with 42 U.S.C.A section 666(a)(10) and 45 CFR section 303.8. you may request a review of your Indiana child support order under your court ordered cause number. The purpose of a review is to determine whether, under the Indiana Child Support Rules and Guidelines, a change in the current support is warranted in the existing court order. The review will also determine if , as mandated by federal and state law, the order contains a provision for health insurance coverage for your child(ren). If a review is requested and the necessary documentation is provided, a review can be completed by the Child Support Enforcement Office providing your case is a contracted case with the Child Support Enforcement Office.

The Request for Modification Review of Child Support, a copy of which is attached, must be signed, and returned to our office for the review request to be processed. Please send your request to Washington County Prosecutor, Child Support Division, Government Building, 806 S. Martinsburg Road, Suite 202, Salem, IN 47167, email to childsupport@washingtoncounty.in.gov, or bring into the Child Support Enforcement Office in person.

Below are the policies/procedures for the review of Washington County Title IV-D Child Support Division.

*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%), for the Title IV-D Office to proceed.

*The Title IV-D Office will request income information from both parties. Once the information is received from the requesting party, the review process will begin and 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 and file with the Court a Motion to Modify Child Support Order and Order for parties to appear for a modification hearing. A copy of the file-stamped motion and Order to Appear with the hearing date will be sent to both parties. If an agreement can

be reached, it may be possible for the hearing to be vacated, and an Agreed Order submitted for approval.

*All necessary information, plus supporting documentation, must be provided (by the requester) when requested 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 Washington 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 be withdrawn.

3. That the results of the review will be provided to the requester.

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 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. If the child support order has not been in effect for at least twelve (12) months, the State may choose to deny the request for review. The requester may file a Motion to Modify the Child Support Order with the Court, pro se or by private counsel if they choose to do so.

5. That the change of twenty percent (20%) can be either **an increase or a decrease; in either case, the State may 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 to the Title IV-D Office to complete the review.

7. 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? Yes _____ No _____

WASHINGTON COUNTY TITLE IV-D INFORMATION

FOR CHILD SUPPORT OBLIGATION REVIEW/ MODIFICATION

Name: _____ Telephone:_____

Address:_____ Other Phone:_____

_____

Other Parent's Name:_____

PARENTINGTIME/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)? _____

If yes, approximately how many overnight visits per year? _____

(If there is no indication of how many overnights, the Title IV-D Office will use 98 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 paystubs or unemployment compensation stubs.

Are you currently employed?

***If no, please skip to the unemployed section

***If yes, please answer the following:

Full Time? Part Time?

Employer:_____

Address: _____

Gross income:$ _____ per week / bi-monthly (please circle one)

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

If you are currently unemployed, please answer the following based on your prior employment:

When previously employed, were you Full Time? Part Time?

Employer: _____

Address: _____

_____

Are you currently receiving unemployment compensation ?

If yes, $_____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.)

If you are not currently employed, do you have income at this time?

If yes, what is the source of income?

If you are not currently employed, do you receive TANF currently?

If yes, $_____ per month.

HEALTH INSURANCE PREMIUMS

This refers 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.

Do you currently pay a weekly amount for the child(ren)'s portion of health insurance?

If yes, in the rate of $_____ per week.

Is/ are the child(ren) 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?

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?

If yes, please list name and date of birth for each child

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

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?

If yes: What is/are the ages 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.