



MODIFICATION REQUEST PACKET

The process to review your child support order and modify the monthly support obligation may take a minimum of **3-6 months** to complete.

Within this packet is information that is **essential** to the success of completing a review of your existing child support order. Once we have received your packet, the process to review your child support obligation will begin. **Please note that review of your child support order could cause the monthly support obligation to increase, decrease, or stay the same.**

We **strongly** recommend you:

- Review this packet carefully
- Complete **every** question to the best of your ability, and **sign and date all documents**.
- Ensure that you have gathered the necessary documents **before** submitting your packet

After you have returned your packet, we will review it for accuracy.

If you submit an incomplete packet, your request may be denied or delayed.

*** IF YOU SEND A PICTURE OF ANY DOCUMENTS, PLEASE BE SURE TO ZOOM IN ON THE DOCUMENT SO THAT THE PICTURE DOES NOT HAVE ANY OTHER BACKGROUND; OR PUT IT ON A WHITE SHEET OF PAPER SO THAT NO OTHER BACKGROUND APPEARS. THE DOCUMENT MUST BE FLAT, WITH NO CREASES OR FOLDS. FAILURE TO PROVIDE CLEAR, LEGIBLE AND COMPLETE DOCUMENTS MAY RESULT IN THE DENIAL OR DELAY OF YOUR REQUEST.**

The following documents (if applicable) are required to process your request to review your order for modification.

- ✓ Financial Statement (see attached)
- ✓ Written request for modification (see attached)
- ✓ Birth Certificates for **your** biological (and/or adopted) child(ren), with your name on them, that are living in your home
- ✓ Your **three (3)** most recent paycheck stubs
- ✓ Proof of medical insurance for the child(ren) in the order you are requesting to be reviewed
- ✓ Medical premium information demonstrating the cost to you for medical insurance for the child(ren) in the order you are requesting to be reviewed
- ✓ Written proof of current daycare expenses for the child(ren) on the order you are requesting to be reviewed
- ✓ **If you are self-employed only, 3** years of your personal and business income tax returns.

- ✓ Any other child support orders you have and proof of compliance with the order (receipts, payment records, sworn affidavits from the custodial parent who received the payments)
- ✓ Mandatory School Fees (fees charged by a school or school district) including but not limited to laboratory fees; book or educational material fees; school computer or automation-related fees; testing fees; and supply or material fees *paid to the school*. This does **NOT** include uniforms, meals, or extracurricular activity fees.

Our hours are Monday thru Friday 8:00 a.m. to 4:15 p.m. If you have additional questions, please call us at 720-944-2960 prior to submitting your packet.



Child Support Modification Frequently Asked Questions

How long does this process take?

The modification process can take 3-6 months, depending on if a court hearing is required.

What will you do with the paperwork I provide?

Under Colorado law [C.R.S. §26-13-121-4(a)], a copy of all your paperwork that is used to determine the new child support amount must be provided to the other party. This includes any medical information. A copy of the paperwork submitted/filed by the other party that is used to determine the new child support amount will be sent to you as well.

The paperwork that you provide will be shredded after it is scanned into our electronic filing system. It will not be returned to you. Consequently, you should provide copies of important documents such as tax returns, pay stubs and birth certificates and not the original documents.

Why do you need my income information?

In Colorado, child support is based on both parents' incomes and certain expenses related to the child(ren).

Your Financial Statement and applicable supporting documents must be submitted to proceed with the review of the order if you are the biological parent.

Do I have to have the Financial Statement notarized?

The Denver Child Support Financial Statement does not need to be notarized, ***but it must be completed, signed, and dated.***

I am self-employed. What paperwork do you need from me to show my income?

We need your complete tax returns for the last two years – both business and personal.

What should I do if I have a medical condition that prevents me from working?

Provide a statement from your doctor verifying that you cannot work (or your work limitations) including the length of time you will not be able to work, and if it is anticipated that you will be able to return to your regular job.

What if I am going to school full time?

Provide proof of your school registration showing how many classes you are taking, when your expected graduation date is, and the degree or certificate program you are working toward.

What should I do if I am a stay-at-home parent raising my child(ren)?

Provide the information about the last job that you held, including pay information. You can note on the Financial Statement, or include a separate sheet of paper, stating that you voluntarily stay at home to care for your child(ren).

Why do you need information about my other children who are not a party to this action?

In Colorado, if a party is paying on another child support order or has other biological/legally adopted minor children living in their home that they are legally obligated to support, it could change the amount of the current child support obligation. Legal obligation means that your name is on the child(ren)'s birth certificate(s). Stepchildren are NOT the legal obligation of a stepparent.

What if my current spouse provides health insurance for the child(ren) of this action? What do you need as proof of this?

We need proof that the child(ren) are covered, such as the enrollment form or benefit summary, as well as proof of how much your spouse pays for the child(ren).

Will I have to go to court?

A court hearing may not be necessary. If the new child support amount is ten percent different (higher or lower) than the current child support amount, a Motion to Modify Child Support may be filed with the court, and a copy mailed to the parties. If the parties agree with the motion, and neither party files a response/objection to the court, the court may grant the motion without a court hearing. If either party is not in agreement with the new child support amount in the motion filed by the Denver Child Support Services, and either party files a response/objection to the court, a court hearing may be set. If a hearing is set, you will be notified in advance of the hearing date and time.

Do I have to have an attorney for this process? What if it is set for a court hearing?

You do not have to retain an attorney, but you may if you choose to do so. If a case is set for a court hearing, you still do not have to retain an attorney, unless you choose to do so. The courts are available to everyone with or without an attorney. Please notify us if you do retain an attorney.

The paperwork that I received from your office lists two attorneys...who are they?

The attorneys on your paperwork represent the State of Colorado concerning child support. They are not your attorneys, nor are they the attorneys for the other party.

What if I don't know where the other party lives?

We may move forward in some cases as it is each parties' responsibility to keep the department and the court notified of any change in residence. However, in some instances we may not be able to proceed with the modification request if we do not have a current address for the non-requesting party. The Denver Child Support Services staff will do a case-by-case review to determine if we are able to proceed.

What if the other party and I agree to an amount that is different than what the guidelines indicate?

Our office cannot deviate from the child support guidelines. Only a judge or magistrate can deviate from the guidelines. However, you may contact the courts' Pro Se/Self-Help Resource Center if you choose to file directly with the court.

How do I address parenting time/overnights?

Our office has no authority to address parenting time issues. You may consult <http://www.courts.state.co.us/Forms/index.cfm> as a legal resource in this matter, or you may wish to call the Office of Dispute Resolution at 303 837-3672, or contact the courts' Pro Se/Self-Help Resource Center.

If child support changes, when will the new child support amount begin?

If the current child support amount changes, the commencement date may be the date the motion was filed with the court, or the date of the court hearing (if applicable), or another date depending on the judge/magistrate.

What happens if past due child support is owed on this case?

The amount that is owed in back support is not changed in the modification process.

What happens if a party is incarcerated?

If the incarcerated party is the payor, the child support obligation may be modified to the \$10 minimal order. In order for the Department to process a review on a payor who has been released from the department of corrections less than six months, we must have a verified employer.

What if one, some or all of the children are now living with me, but I am the payor?

You will need to complete the Declaration of Custodian verifying when the child(ren) began living in your home and you became the primary custodian, as well as the Review and Adjustment Request and the Financial Statement. We will then verify the information with the other party as well. If both parties agree, we will proceed with the Review and Adjustment. If the parties are NOT in agreement as to the child(ren)'s living arrangements, the requesting party will need to contact the court directly for a review of the child support order.



Child Support Enforcement/Cumplimiento de Manutención de Menores

Review and Adjustment Request
Solicitud de Reviso Y Ajuste

Obligee's name/Nombre de Demandado

Obligee's Social Security #/# de Seguro Social del Demandado

Obligor's name/Nombre de Demandante

Obligor's Social Security #/# de Seguro Social del Demandante

IV-DCase# / # de Caso IV-D

Either parent may ask Child Support Enforcement (CSE) to review their child support order for a possible modification. If your order was reviewed or entered in the last three years, you must provide written evidence that a substantial change of circumstances has occurred. CSE will notify both parents every three years of their right to request a review.
Cualquiera de los padres puede solicitarle a Cumplimiento de Manutención de Menores (CSE) de revisar su orden de manutención de menores por la posibilidad de una modificación. Si su orden fue revisada o fijada en los tres últimos años, usted deberá de proveer por escrito evidencia de un cambio sustancial de circunstancias que ahíja ocurrido. CSE notificara ha ambos padres cada tres años de sus derechos de solicitar un reviso.

I am requesting CSE to review and modify my current child support order, if warranted, because:

Yo estoy solicitando a CSE el reviso, y modificación. Si es justificado, mi orden de manutención de menores actual porque:

If you are requesting a review because there has been a significant change in circumstances, please include documents supporting the change- for example, pay stubs, childcare statements, etc.

I usted está solicitando un reviso porque han habido cambios significantes en sus circunstancias, por favor de incluir documentos comprobando los cambios- por ejemplo, talones de cheques, Comprobante de pagos guardería, etc.

Notes/ Notas:

- **Once the CSE office begins the review, we will complete the process as long as our agency has an open child support case with either parent.**
Cuando la oficina de CSE comienza el reviso, nosotros completaremos el proceso siempre y cuando nuestra agencia tenga un caso de manutención de menores abierto con cualquiera de los padres.
- **A review could result in an upward or a downward modification or may indicate that no change is warranted, or may change to include or modify medical coverage.**
Un reviso puede resultar en un aumento o rebajo en la modificación o pueda que indique no califica para un cambio, o pueda que cambie para incluir o modificar cobertura medica.
- **If the child support amount is adjusted, the order will generally be effective from the date the order is signed by the parties or the court, or the date the request/motion is filed with the court.**
Si se ajustad la cantidad de manutención de menores, la orden generalmente tomara efecto la fecha que la orden es firmada por las partes o el juez, o la fecha en la cual la solicitud es archivada en el tribunal.

THIS REQUEST MUST BE MAILED DIRECTLY TO THE CSE UNIT THAT MANAGES YOUR CASE.

Esta solicitud deberá de ser enviada por correo directamente a la unidad de CSE que maneja su caso.

If you have questions or need additional information, contact your local county CSE Unit.

Si usted tiene preguntas o necesita información adicional, contactar a su Unidad de CSE local del Condado.

Signature/ Firma

Mailing Address/ Dirección de Correo

Printed Name/Nombre Escrito en Molde

City/Ciudad

State/Estado

Zip Code/Código

Date Signed/ Fecha de Firma

Home Phone/Telefono de Casa

Email Address / Correo Electrónico

Work Phone/ Telefono de Trabajo

**FINANCIAL STATEMENT
DECLARACIÓN FINANCIERA**

Please answer every question or state not applicable if the question does not pertain to your financial situation. If you need more space to answer a question, please attach additional sheets if necessary to fully answer any item. Be sure to date and sign the financial statement after completion. If self-employed, attached personal and business income tax returns, including all schedules and forms (including Form K-1, Form 1065, Form 1120S, or Form 1120C) for the last three tax years.

Por favor de contestar todas las preguntas o indicar no aplicable si la pregunta no le pertenece a su situación financiera. Si usted necesita más espacio para contestar una pregunta, por favor ponga en conjunto páginas adicionales si es necesario para contestar por completo cualquier punto. Asegúrese de poner en conjunto sus tres más recientes talones de cheques y su Reembolso de Impuestos Federales. Incluya sus W-2 si usted lo hizo en conjunto con su pareja. Asegúrese de poner la fecha y firmar la declaración financiera después de completarla. Si trabaja por si mismo, ponga en conjunto sus reembolso de impuestos personal y de negocio, incluyendo todos sus formularios de negocio (incluyendo Formulario K-1, Formulario 1065, Formulario 1120S, o Formulario 1120C) de los últimos tres años.

**PERSONAL INFORMATION
INFORMACIÓN PERSONAL**

Name: _____

Nombre

Address: _____

Dirección

Phone: Home _____ **Work:** _____

Teléfono: Hogar Trabajo

CURRENT OR MOST RECENT EMPLOYMENT/BUSINESS INFORMATION

TRABAJO ACTUAL O EL MÁS RECIENTE/INFORMACIÓN DE NEGOCIO

Employer: _____ **Dates Employed: From:** _____

Empleador: Fechas de Empleo De:

TO: _____

Ha:

Employer Address: _____

Dirección de Empleador

Employer's Phone: _____ **Job Title:** _____

Teléfono de Empleador Posición

Rate of Pay: \$ _____ **Per** _____ **Hours worked per week:** _____ **Tips:** \$ _____ **Per** _____

Pago por Hora Por Horas trabajadas por semana Propinas Por

If you are currently unemployed please provide the reason _____ **disability** _____ **involuntary**

Si en el presente usted está desempleado por favor de proveer la razón discapacitado despedido

layoff at work _____ **I am a full time student** _____ **other. Please Explain;**

involuntariamente del trabajo Soy un estudiante de tiempo completo otro. Por favor de explicar:

If a full time student, please list your expected graduation date: _____

Si usted es un estudiante de tiempo completo, por favor escriba la fecha en que espera graduarse:

(Attach proof of status).

(Ponga en conjunto comprobante de statu)

GROSS MONTHLY INCOME

INGRESO MENSUAL BRUTO

1. \$ _____ **Salary, Wages, Tips, Commissions, Bonus or Other Designations**

Salario, Sueldo, Propinas, Comisión, Bonificación u otras Declaraciones

2. \$ _____ **Gain or profit from a business or profession (self-employment)**

Ganancias o beneficios de un negocio o profesión (trabajo por si mismo)

3. \$ _____ **Pension, retirement, disability, veterans, social security or insurance payments**

Pensión, jubilación, discapacidad, veteranos, Seguro Social o pagos de seguro

4. \$ _____ **Interest, dividends, rentals, royalties or other gain**

Interés, dividendos, alquileres, derechos u otras ganancias

5. \$ _____ **Gain from sale, trade or conversion of capital assets**

Ganancias de ventas, comercio o conversión de capitales

6. \$ _____ **Unemployment insurance and workers compensation benefits**

Seguro de Desempleo o Beneficios de Compensación de Trabajadores

7. \$ _____ **Benefit in lieu of compensation including, but not limited to, military pay allowances, Supplemental Social Security, Social Security Disability Income.**

Beneficios en lugar de compensación incluyendo, pero sin limitando, asignación de pagos militares, Seguro Social Suplementario, Ingreso de Discapacidad de Seguridad Social

8. \$ _____ **Other income (including Spousal Support received). Explain _____**

Otro ingreso (incluyendo Manutención Conyugal). Explicar

9. \$ _____ **TOTAL GROSS MONTHLY INCOME (add lines 1 through 8).**

TOTAL DE INGRESO BRUTO MENSUAL (sumar las líneas 1 al 8).

ALLOWABLE DEDUCTIONS

DEDUCCIONES PERMITIDAS

10. **The child(ren) of this marriage/relationship regularly have uninsured health expenses in**

El niño(s) de este matrimonio/relación regularmente tiene gastos de salud sin cubrimiento

excess of \$250.00 per year. ___yes ___no

que exceden \$250.00 por año. Sí no

If yes, explain the reason for each cost list the average monthly cost for each expense:

Si es verdad, expliquen la razón por cada gasto escriba el costo regular mensual por cada gasto:

Attach documentation.

Ponga en conjunto documentación.

11. **If the child (ren) have extraordinary needs, which require payment on a monthly basis.**

Si el niño(s) tienen necesidades extraordinarios, cuales requieren pagos mensuales regulares.

Explain the needs and itemize the cost of them on a monthly basis:

Expliquen las necesidades y detallar los gastos de ellos mensualmente

Attach documentation.

Ponga en conjunto documentación

HEALTH INSURANCE INFORMATION Includes: Medical, Dental and Vision

INFORMACIÓN DE SEGURO MÉDICO Incluye: Seguro de Salud Médica, Dental y de Vista

Health insurance ___is ___is not maintained for the child(ren) of this marriage/relationship.

Seguro Médico se no se mantiene por el niño(s) de este matrimonio/relación.

If you provide medical or dental insurance for your child(ren) please complete the following:

Si usted provee seguro médico o dental de su niño(s) por favor de completar lo siguiente:

Name of the Health and/or Dental Insurance Company: _____

Nombre de la Compañía del Seguro Médico/o Dental: **Address of the Health and/or Dental Insurance**

Company: _____

Dirección de la Compañía del Seguro Médico/ o Dental:

Policy Number: _____ Total monthly cost for the insurance: _____

Número de Póliza: Total Costo Mensual por el Seguro:

Persons covered under the policy of insurance:

Personas cubierta bajo la póliza de seguro:

If you can identify the exact amount of the premium each month that is solely for the child(ren)

Si usted puede identificar la cantidad exacta de la prima de cada mes que es solamente para el niño(s)

in this matter, please specify that amount. \$ _____ Please attach to this page a copy of any

en este caso, por favor de especificar la cantidad Por favor ponga en conjunto con esta pagina una copia

health insurance or dental insurance cards that provide coverage to the child(ren).

de cualquier tarjeta de seguro médico o dental que provee cobertura para el niño(s).

If the child(ren) are not covered, the monthly cost to add the child(ren) of this action to any

Si el niño(s) no están cubierto, el costo mensual para poner el niño(s) de esta acción en cualquier

health insurance available to you would be \$ _____ per month.

seguro médico disponible ha usted seria por mes.

CHILD CARE (DAYCARE) COSTS

COSTO DE CUIDADO INFANTIL (GUARDERÍA)

If you pay childcare costs, please complete the following for only those children that the support obligation will pertain to and attach verification of child care expenses including the name, address and telephone number of the provider.

Si usted paga costos por guardería, por favor completar lo siguiente solamente por los niños que recibirían la obligación de manutención y ponga en conjunto verificación de gastos de cuidado infantil incluyendo el nombre, dirección y número de teléfono del proveedor.

The names of the child(ren) for whom child care is provided: _____

El nombre del niño(s) por quien cuidado infantil es proveído:

How many hours per week is child care being provided? _____

¿Cuántas horas a la semana es el cuidado infantil proveído?

The charge for child care is \$ _____ Weekly ___ Hourly ___ Monthly ___

El costo por cuidado infantil es Semanal Hora Mensual

List the costs, per month, of the child care expenses incurred for the past six months:

Escriba el costo, por mes de cuidado infantil incurrido por los seis últimos meses:

Do you receive any state assistance for child care? no ___ yes ___ If yes, list the monthly amount: \$ _____

¿Recibe usted alguna asistencia estatal por cuidado infantil? no sí si es verdad, escriba la cantidad mensual:

Is any of this child care paid so that you can attend school or a training program? ___ yes ___ no.

¿Se pago algo del cuidado infantil para que usted pueda asistir a la escuela o programa de entrenamiento? sí no

If yes, please list the average monthly cost of the education related child care \$ _____

Si es verdad, por favor escriba el promedio mensual de costo de cuidado infantil relacionado con educación 6

PARENTING TIME

TIEMPO PATERNAL

The children of this marriage/relationship reside primarily with _____ me _____ the other parent.

Los niños de este matrimonio/relación residen principalmente con migo el otro padre.

Number of overnights per year with me _____ the other parent _____

Número de noches con migo por año el otro padre

OTHER SUPPORT ORDERS

ORDENES DE MANUTENCIÓN ADICIONALES

I pay Maintenance (spousal support) to a former spouse in the amount of \$_____ per month.

Yo pago mantenimiento (manutención conyugal) a un ex cónyuge en la cantidad de \$ _____ por mes.

(Attach a copy of the order and proof of payments).

(Adjunte una copia de la orden y comprobante de pagos).

I pay child support for a child(ren) not of this marriage/relationship, in the amount of \$_____.

Yo pago manutención al menor para niño(s) que no son de este matrimonio/relación en la cantidad de \$ _____.

(Attach copy of the order(s) and proof of payment).

(Adjunte copia de la(s) orden(es) y comprobante de pago).

I am legally responsible for child(ren) not of this relationship who currently reside with me.

____yes ____no

Yo soy legalmente responsable para niño(s) que no son de esta relación quien(es) actualmente residen conmigo.

____ sí ____no

If yes, list the child(ren) name(s) and date of birth and attach birth certificate(s) and proof of residence (i.e., school records).

En caso afirmativo, escribe el nombre del niño(s) y la fecha de nacimiento y adjunte certificado(s) de nacimiento y comprobante de residencia (por ejemplo, registros escolares).

NAME (First, Middle, Last) NOMBRE (Nombre, Segundo Nombre, Apellido)	Date of birth Fecha de nacimiento

Signature of person completing this Financial Statement is required.

Firma de la persona completando esta Declaración Financiera es requerida.

Signature Date

Fecha de Firma