

Changing a Child Support Order in Your State

 The information below applies only to Oregon

1. How can I find out if I have a “IV-D” child support case in this state?

A parent can search the Oregon child support system (CSP) to see if they have a case at https://justice.oregon.gov/caseinformation/case_status.aspx or by calling

From the Salem area: (503) 373-7300

Toll-free in Oregon: (800) 850-0228

From outside Oregon: (503) 378-5567

TTY: (800) 735-2900

2. How can I contact my child support agency?

Call one of the numbers given above or write to:

CSP
4600 25th Ave NE, Suite 180,
Salem Oregon 97301

The Oregon child support website is here: <http://www.oregonchildsupport.gov/Pages/Index.aspx>

3. If I am incarcerated, are there any barriers to having my order changed?

No. If the parent is incarcerated for at least 6 months from the date of request for modification, the order may be modified to \$0.00. The child support amount will automatically return to the amount it was before the modification 61 days after release.

4. Do you provide any materials online that I can use to ask for a change to my child support order?

Yes, the form to modify is attached, and here: <http://www.oregonchildsupport.gov/forms/docs/csf010142a.pdf>

There is a description of the modification process here (attached), <http://www.oregonchildsupport.gov/services/pages/modification.aspx>, and a link that describes the steps to modify, http://www.oregonchildsupport.gov/resources/pages/timelines.aspx#p7apmc1_3.

5. Do you have any printed materials I could read to learn more about child support for parents who are incarcerated?

No.

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6. When can I ask to have my order changed?

You may ask the Child Support Program to review the child support and/or medical support terms of your order if it has been at least 35 months since the date the last order was entered or reviewed, or you can show proof that there has been a significant change of circumstance since your order was finalized. Some examples of significant changes are:

- Physical custody of the child has changed
- The needs of the child have changed
- The number of children involved has changed
- The income of one or both parents has changed

A “significant” change of circumstances is one which would result in a change in the support amount of the lesser of \$50 or 15%.

If either parent does not agree on the amount of support payments, a hearing may be requested. A hearing may be requested and an Administrative Law Judge will make a determination on the appropriate amount for support payments.

If you qualify for a modification on your support order, CSP will use a process similar to the one used when your child support order was entered. The child support guidelines must be used to determine the new amount, and the amount may increase or decrease.

7. How do I request the change?

Use the form provided by the child support program. The form is attached, and here: <http://www.oregonchildsupport.gov/forms/docs/csf010142a.pdf>

If the request is because the child has moved to live with the other parent, there is another form, which is here: <http://www.oregonchildsupport.gov/forms/docs/csf010142c.pdf>

8. What is the process after I've asked to have my order changed, and how long does it take?

- The Oregon child support program (CSP) reviews the request and notifies the other parent.
- CSP confirms parents' contact and financial information and uses it to generate a proposed modification to the support order. This usually takes 30 days.
- CSP serves the proposed modification on both parents. The time this takes depends on how long it takes to serve the document. The average time is between 30 and 90 days.
- If no one objects, the order will be final 34 days after the second parent was served with the document. The effective date of the order will be the date the proposed order was served on the last non-requesting parent.
- If either parent sends in new information that causes the proposed modification to change, the parents will be served with the amended notice and be given another 30 days to respond.
- If a hearing is requested, CSP will contact the parents to see if an agreement can be reached. If not, CSP will mail both parents a packet of information on the hearing process and forward the request for a hearing to the Office of Administrative Hearings, which is an independent state agency.
- The Office of Administrative Hearings offers a guide for parents: “Your Child Support Hearing - How to Prepare & Present Your Case” in English, http://www.oregon.gov/OAH/docs/Child_Support_Hearing_English_0106.pdf, and Spanish, http://www.oregon.gov/OAH/docs/Child_Support_Hearing_Spanish_0106.pdf.
- The hearings office will schedule a phone hearing for both parents to attend. After the hearing, the administrative law judge issues an order. CSP will enter the order information in their system and send the order to the parents and to be filed in court.

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9. Is this process different if the other parent agrees to the change in advance?

Yes, both parents may consent to the modification. This means both parents agree to the amount of support each parent is responsible for. If the other parent agrees with the modification, the proposed order takes effect on the date the last non-requesting party was served with the proposal, or sooner if all parties sign consents to entry of the order.

10. Does it cost anything to try to have my order changed?

No.

11. If I am incarcerated, do I need to do anything else to have my order changed?

No. As the modification form indicates, CSP need to know the facility where the parent is incarcerated and the parent's prisoner identification number.

12. If I am incarcerated, does my state have any programs to help me with child support?

No.

13. Can I get help with child support questions from other sources?

CSP has a page with information on legal resources here: <http://www.oregonchildsupport.gov/resources/pages/legal.aspx>

14. Is there anything else I should know about trying to change my order?

No.

 The federal Office of Child Support Enforcement prepared this guide; however, your local child support agency can provide the most current information. This guide does not have any binding legal authority and does not constitute legal advice. You may wish to consult a lawyer before using the forms or information provided.



STATE OF OREGON, Child Support Program (CSP), by the Administrator (ORS 25.010)

County: _____ Court #: _____ CSP #: _____

[] Other Jurisdiction: _____ Case #: _____

Children: _____

Obligor: _____

Obligee: _____

[] Other parties: _____

Request for Review - Modification or Termination

By signing this form, I request the Child Support Program (CSP) review my support order for the reasons indicated below.

I know this request may change the order because the CSP will apply the current child support guidelines to my present circumstances. This may result in either parent being required to pay cash child support, pay cash medical support and provide health care coverage. [OAR 137-050-0700 to 137-050-0765]

I am requesting a review because:

- It has been 35 months or more since the order was established or reviewed.
- It hasn't been 35 months or more, but my circumstances have changed as indicated below.

Mark all that apply (Proof of any change must be provided or the request may be denied. [OAR 137-055-3430])

<input type="checkbox"/>	I've had a significant change in my gross income, or have permanently lost my job. When the order was entered my gross income was \$ _____ per month. My gross income now is \$ _____ per month.
<input type="checkbox"/>	The other parent's gross income has changed significantly. When the order was entered their gross income was \$ _____ per month. Their income now is \$ _____ per month.
<input type="checkbox"/>	Private health care coverage is now available, or the cost of private health care coverage has changed.
<input type="checkbox"/>	Health care coverage is no longer available because: _____
<input type="checkbox"/>	There has been a significant change in the needs of the children. Explain: _____
<input type="checkbox"/>	The children are legally emancipated. Explain: _____
<input type="checkbox"/>	The parent who owes support is incarcerated and has no known assets or income. You must include the current mailing address for the correctional facility and the prisoner identification number.
<input type="checkbox"/>	My financial circumstances have changed. Explain: _____
<input type="checkbox"/>	I now live with the other party and we are providing support for the children in our home.
<input type="checkbox"/>	I have children that weren't included in the original order. List: _____
<input type="checkbox"/>	I now receive <input type="checkbox"/> SSB, <input type="checkbox"/> SSD, <input type="checkbox"/> VA Benefits, in the amount of \$ _____ per month. My children receive \$ _____ per month from these benefits.
<input type="checkbox"/>	I request a credit against the child support arrears for <input type="checkbox"/> SSB, <input type="checkbox"/> SSD, <input type="checkbox"/> Veterans' Benefits, paid retroactively to the children in the amount of \$ _____.

Complete and return the enclosed Uniform Income and Expense Statement (UIES) with this request. Send any additional information or proof of the change with the UIES.

If you have hired an attorney for child support issues, list their name, address and phone number:

If my request results in a legal action, I understand that legal documents will be sent to me by regular mail at the address below.

Date	Signature	Printed Name
Address	City	State Zip

The address you list above will be your "contact address." We will use it to send documents to you. It will also appear in legal papers given to the other parent and in court records. If you do not want your residence or mailing address to be given to the other party or appear in court records, you must give us a different address in your state for the CSP to use as your "contact address." If the address you give now is different than one you gave us before, we will use the new one from now on.

The Child Support Program can provide you with information from forms and other notices in your own language free of charge. This also includes Braille, large print, and the use of interpreters. To find out more, contact your child support office.

The Child Support Program (CSP) provides services for the State of Oregon. We cannot represent you or give you legal advice. You may contact your own lawyer at any time. Low cost legal services may be available. For information, you may visit the CSP website at www.oregonchildsupport.gov.

STATE OF OREGON, Child Support Program (CSP), by the Administrator (ORS 25.010)

County: _____ Court #: _____ CSP #: _____

[] Other Jurisdiction: _____ Case #: _____

Children: _____

Obligor: _____

Obligee: _____

[] Other parties: _____

Uniform Income & Expense Statement

Contact information:

Cell #: _____ Text? Yes No Message #: _____

Home #: _____ Email: _____

Date Signature Printed Name

Address City State Zip

The address you list above will be your "contact address." We will use it to send documents to you. It will also appear in legal papers given to the other parent and in court records. If you do not want your residence or mailing address to be given to the other party or appear in court records, you must give us a different address in your state for the CSP to use as your "contact address." If the address you give now is different than one you gave us before, we will use the new one from now on.

List all 'Joint Children' in this Order (children under the age of 21, born to or adopted by the parties)

Name of Child	Date of Birth	Children Living With:			Child 18-20 in School		If Child 18, in High School	
		Me	Other Parent	Other (Name)	Yes	No	Yes	No

List your additional joint children on a separate sheet of paper.

Do you already have a support order for these children? Yes No If yes, explain and **attach** the most recent copy of your orders, if available: _____

Do you have a parenting time order or written parenting time agreement for these children?

Yes No If yes, **attach** a copy of the order or agreement.

Do you support other children in your home or have a support order for children not in your home?

Yes No If yes, list them below.

Child's First Name	Date of Birth	Relationship (daughter, son, etc.)	If there is an order for you to pay support, provide state, county & court number.	Child 18 in High School in Your Home	
				Yes	No

List biological and adopted children or stepchildren you are ordered to support. List other children you support on a separate piece of paper.

Do you pay or receive spousal support? Yes No

Amount paid: \$ _____ to whom _____

Amount received: \$ _____ from whom _____

Are you employed? Yes No

Name, address, & phone number of employer: _____

How many hours per week do you work? _____ Do you consistently receive wages for overtime hours? Yes No

What is your monthly income before deductions? \$ _____. **Attach** a copy of your most recent pay stub.

Do you pay mandatory union dues? Yes No If yes, how much per month? \$ _____

Do you receive expense reimbursements or allowances for a car, cell phone, housing, subsidies, or any other expenses which reduce your living expenses? Yes No If yes, how much per month? \$ _____

Attach proof you receive expense reimbursements or allowances.

Are you unemployed? Yes No

Are you receiving workers' compensation or unemployment benefits? Yes No

If yes, list the source and the amount of the monthly or weekly benefit:

Source: _____ Amount: \$ _____ Monthly Weekly

What type of work have you done in the last five years? _____

Why did your last job end? _____

Are you self-employed? Yes No

Name, address, & phone number of your business: _____

Attach a copy of your most recent tax return (personal and business, including all schedules) or profit & loss statement.

Do you have other income? Yes No Income **includes** but is not limited to, commissions, advances, bonuses, dividends, severance pay, pensions, interest, Social Security benefits, disability insurance benefits, prizes, lottery, alimony, Supplemental Security income, and distributions from a trust. Income **does not include** child support, food stamp benefits, Social Security resulting from a child's disability, adoption assistance, guardianship assistance, and foster care subsidies.

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Do you have child care costs for the 'Joint' children? Yes No

Are the children 12 years old or under? Yes No Are the children disabled? Yes No

If you answered yes to either question, list the name(s) of the children, date(s) of birth and amount(s) you pay for their care and **attach** proof of child care costs: (Only include the costs you pay out of pocket.)

_____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

_____ Amount: \$ _____

Are you paying for your own health care coverage? Yes No If yes, what is your monthly cost? \$ _____. **Attach** proof of coverage showing your monthly cost.

Is health care coverage available for your children? Yes No If yes, who insures the children?

Source of insurance: employer other group spouse domestic partner other

Insurance Co.: _____ Phone #: _____

Address _____

Policy #: _____ Group #: _____ Effective date of the policy: _____

Monthly cost per child \$ _____ Name(s) of children currently covered by insurance: _____

Do you pay ongoing medical expenses for the children? Yes No

If yes, list the name(s) of children, the reason for the expense, and the monthly cost:

_____ Amount: \$ _____

_____ Amount: \$ _____

Attach proof of insurance and ongoing medical expenses for the children.

Do any of your children receive Social Security or Veteran's benefits due to a parent's disability or retirement? Yes No

What type of benefit do they receive?

Survivors and Dependents Educational Assistance

Social Security benefits

Apportioned Veteran's benefits due to the disability or retirement of a parent

What is the total monthly benefit amount the children receive? \$ _____

If your child is in state care, do you have regular visits? Yes No

If so, how far do you travel? _____

How often do you visit? _____

Does the Department of Human Services pay any of these expenses? Yes No

Do you have court ordered counseling or classes that you must attend? Yes No

If yes, what are your expenses associated with these classes? \$ _____

Do you have a medical condition that prevents you from working? Yes No

Attach proof of disability (SSA award letter, doctor's diagnosis of disability).

Do you have court or attorney fees associated with the children in care? Yes No

If yes, list the fees: _____

Do you have to pay probation fees? Yes No If yes, how much? \$ _____

Are there any additional expenses or needs you want us to consider that may reduce your child support? _____

Amount of the expense: \$ _____ How does it affect your ability to pay support? _____

Are there any other special circumstances that you want us to consider? _____

Is there any information you can provide about the other parent? _____

If you need more room to answer any of these questions, attach a separate piece of paper.

Are you represented by an attorney for child support matters? Yes No

If yes, please provide the attorney name and contact information below.

Attorney Name _____ Phone # _____ Fax # _____

Address _____ City/State _____ Zip _____

The Child Support Program (CSP) provides services for the State of Oregon. We cannot represent you or give you legal advice. You may contact your own lawyer at any time. Low cost legal services may be available. For information, you may visit the CSP website at oregonchildsupport.gov.

Division of Child Support

Oregon Child Support Program



Modify an Order for Child Support

If you qualify for a modification on your support order, we will use a process similar to the one used when your child support order was entered. The child support guidelines ([OAR 137-050-0700 through 137-050-0765](#)) must be used to determine the new amount. The amount may increase or decrease. Learn more about the [Child Support Guidelines Calculator](#).

If either parent lives outside of Oregon, federal law provides guidance to determine which state is responsible for modifying a child support order. See [Interstate Cases](#) for more information.

You may ask the Child Support Program to review the child support and/or medical support terms of your order if it has been at least 35 months since the date the last order was entered or reviewed, or you can show proof that there has been a significant change of circumstance since your order was finalized. Some examples of significant changes are:

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- The income of one or both parents has changed

Both parents may consent to the modification. This means both parents agree to the amount of support each parent is responsible for. If either parent does not agree on the amount of support payments, a hearing may be requested. A hearing may be requested and an Administrative Law Judge will make a determination on the appropriate amount for support payments. Learn more about the [Administrative Hearing Process](#).

For more information, see [Steps to Modifying a Current Order for Child Support](#) or contact your [local child support office](#).