

Porter County Prosecutor's Office
Child Support Division
157 Franklin Street, 1st Floor
Valparaiso, IN

Telephone Number: 219-465-3405
Email: childsupport@portercountyin.gov

Date:

Case Number: _____

Custodial Parent Name: _____

SETS Number: _____

Non-Custodial Parent Name: _____

REQUEST FOR MODIFICATION

The information requested below is needed for the Porter County Prosecutor's Office, Child Support Division to accurately review your case for modification of child support. Please complete each field clearly, providing the most information you can, including any partial information. Please supply copies of any information request. Originals will not be returned to you. If you need additional space to provide complete responses, please attach additional pages.

PLEASE NOTE THAT YOUR CHILD SUPPORT MAY GO UP, DOWN, OR STAY THE SAME IF A MODIFICATION IS FILED BY OUR OFFICE.

Reason for modification request-Check all that apply	
My circumstances have changed	<ul style="list-style-type: none"><input type="checkbox"/> Increased/decreased income<input type="checkbox"/> Change of child's health care cost's<input type="checkbox"/> Change of work-related childcare expenses<input type="checkbox"/> Change in number of overnight visits with the noncustodial parent<input type="checkbox"/> I have a new child<input type="checkbox"/> Other (please explain) <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**The other parent's
circumstances have changed**

- Increased/decreased income
- Change of child's health care cost's
- Change of work-related childcare expenses
- Change in number of overnight visits with the noncustodial parent
- I have a new child
- Other (please explain)

A. Your Information				
Last Name		First Name		Middle Initial
Residential Address			Apt./Unit #	
City		State	Zip	
Mailing Address			Apt./Unit#	
City		State	Zip	
Date of Birth	Social Security Number		Email	
Cell Phone		Home Phone		

B. List the Minor Children of this Order		
Child 1	DOB	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
Child 2	DOB	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
Child 3	DOB	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
Child 4	DOB	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO

C. Child Care Costs for the Children of this Order	
Do you pay for child care for the children of this order so that you can get to work or activities related to employment training? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Child's Name: _____	Amount per week: \$ _____
Child's Name: _____	Amount per week: \$ _____
Child's Name: _____	Amount per week: \$ _____
***If you answered Yes, you MUST attach proof of payments in the form of receipts, canceled checks, or notarized statement from child care provider.	

D. Social Security Benefits for the Children of this Order	
Do any of your children of this order receive Social Security Benefits based upon a parent's disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Child's Name: _____	Amount per month: \$ _____ Due to My Disability ___ or Other Parent's _____
Child's Name: _____	Amount per month: \$ _____ Due to My Disability ___ or Other Parent's _____
Child's Name: _____	Amount per month: \$ _____ Due to My Disability ___ or Other Parent's _____
Child's Name: _____	Amount per month: \$ _____ Due to My Disability ___ or Other Parent's _____
***If you answered Yes, you MUST attach proof (i.e. an award letter) of the frequency and the amount of the monthly benefits.	

E. List Any other Natural or Adopted Minor Children Under 19 Not Listed Above			
Name	DOB	Do you pay Child Support for this Child? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much child support per week? _____	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	DOB	Do you pay Child Support for this Child? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much child support per week? _____	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	DOB	Do you pay Child Support for this Child? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much child support per week? _____	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name	DOB	Do you pay Child Support for this Child? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how much child support per week? _____	Does this child primarily reside with you? <input type="checkbox"/> YES <input type="checkbox"/> NO

***If you fill out this section, you must attach copies of birth certificates, adoption orders, and/or copies of support orders

F. Military (Attach a copy of your Leave and Earnings Statement (LES))
Do you receive pay from the military? <input type="checkbox"/> YES Basic \$_____/Month BAS \$_____/Month <input type="checkbox"/> NO BAH \$_____/Month
Rank _____ Branch _____ Years of Service _____
Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Other
Do you receive VA Disability benefits? <input type="checkbox"/> YES \$_____/Month <input type="checkbox"/> NO

G. Employment Information		
Are you employed? <input type="checkbox"/> YES If yes, when did you begin employment? _____ <input type="checkbox"/> NO If no, skip to Section I. Work History.		
Employer 1	Address	Phone
Are you paid hourly? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate: _____ Hours worked per week: _____
Are you paid salary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Yearly Salary: _____
Do you have a second job? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer 2	Address	Phone
Are you paid hourly? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate: _____ Hours worked per week: _____
Are you paid salary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Yearly Salary: _____

H. Do You Receive Income From the Following Sources? Check All That Apply and Attach Verification.
<input type="checkbox"/> I receive \$ _____ per _____ from pensions or retirement accounts <input type="checkbox"/> I receive \$ _____ per _____ from Supplemental Security Income <input type="checkbox"/> I receive \$ _____ per _____ from Social Security Disability Benefits <input type="checkbox"/> I receive \$ _____ per _____ from annuities and/or dividends and/or other investment accounts <input type="checkbox"/> I receive \$ _____ per _____ from rental property <input type="checkbox"/> I receive \$ _____ per _____ from unemployment compensation <input type="checkbox"/> I receive \$ _____ per _____ from Worker's Compensation <input type="checkbox"/> I receive \$ _____ per _____ from _____ (list sources)
Do you have a pending claim from an above source? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, list source _____
If you are not employed and do not receive any of the above benefits, please explain how you support yourself.

I. Health Insurance Information

Do you provide health insurance for the child(ren)

- YES
- NO

Is this health insurance available through:

- Employer
- State

What is the weekly cost of the child(ren)'s portion ONLY? \$_____

J. Overnight Visits

How often do overnight visits happen with the non-custodial parent?

K. Documentation Provided and Signature

I have attached the following documentation (check all that apply):

- W-2's, IRS 1099, and all other IRS forms and schedules from last three years.
- Last five pay stubs and, if applicable, all other records, evidencing receipt of any salary, wages, or compensation.
- Disability letter from worker's compensation or Social Security or a letter from a certified health care provider with my diagnosis and determination stating how long I will be unable to work.
- Proof of any other non-employment income
- Proof of cost of health care premium for children
- Proof of out-of-pocket cost to provide child care for my child(ren) while I'm at work or school
- Proof of the amount of social security received by my child due to my or the other parent's disability or retirement.
- Proof of child born or adopted by me not of this order.

Note: Failure to provide this information may result in the Porter County Prosecutor's Office, Child Support Division not reviewing your case for modification.

By signing this document, you acknowledge that your support may go up, down, or stay the same.

I hereby swear or affirm that the information contained or attached is true, correct, and complete to the best of my knowledge.

Signature

Print Name

Date