

Modification Request Form

To request a modification review of your current child support order, please complete the information below. Upon receiving this information, the Modification Unit will review your case. Filling out the forms does not guarantee that we will pursue a modification. **We will not pursue a modification if:**

1. The whereabouts of the other parent is unknown.
2. The current order is less than two years old and there are no significant changes in parent income or child custody arrangements since that time.
3. A modification review has been done by this office within the past 12 months and there are no significant changes in parent income or child custody since that time.
4. A review of the parents' income and expenses indicate the current order will not change by at least 20% (or a minimum of \$50, whichever is less).

Should this office reject your request for a modification, you may still file your own motion to modify child support. The motion papers can be obtained at Rose Printing Services, 20 North First Street, Suite A, San Jose (293-8177). Any parent in a child support case can file his or her own motion with the **Superior Court at 99 Notre Dame Avenue, San Jose, CA**. Court filing fees will be charged.

It is important for you to know that this office follows State Guidelines and Rules of Court when conducting a modification review. We will first mail the custodial and non-custodial parents forms to complete. There will be a 30 to 40 day wait period for return of the forms. When the completed forms are returned, we will proceed with the modification. Please be advised that depending on the parties' incomes, the child support amount may increase or decrease or stay the same. Also, once the process is started, we are required to proceed whether the amount increases or decreases. The process often takes several months to complete. If you desire quicker action, you may file your own action. A parent bringing his or her own motion into the courtroom can often resolve the modification issues in shorter time frames.

Fill the following data:

DCSS Case No is: FSB _____.

My name is _____ and I request a modification review. I am requesting this modification review because:

Other parent's names is

And he/she lives at

And works at

My phone number is _____

Date: _____ Signature _____ -