

INMATE MODIFICATION PROJECT
REQUEST FOR REVIEW AND ADJUSTMENT
SANTA CLARA COUNTY CHILD SUPPORT ORDER

A. **I UNDERSTAND THAT THE DEPARTMENT OF CHILD SUPPORT SERVICES IS NOT MY ATTORNEY AND DOES NOT REPRESENT ME PERSONALLY.**

B. I am ordered to pay child support for the following minor child(ren) in Santa Clara County:

Name of Children	Date of Birth

C. I am requesting a review of my child support order because I am presently incarcerated at Main Jail () Elmwood () Other _____

Date of incarceration	
Scheduled release date	
Your date of birth	
Your Social Security Number	
CDC OR Booking #	
Name of Other Parent	
Department of Child Support Case # (FSB#)	

D. I understand that for my support order to qualify for review, the following conditions must be met:

1. The inmate must have a child support order in Santa Clara County.
2. The inmate will remain in custody for at least three (3) months or more **from the date of this request.**
3. The inmate must **not** be earning an income while in custody.
4. The inmate **must** complete this form to have his/her case reviewed.

E. I understand that if my child support order qualifies for review:

1. That the Department of Child Support Services will review **only my child support order.**
2. **If** my child support order is reserved during my incarceration, I understand that the Department of Child Support Services will request that the original amount of my order commence the first day of the month after my release from jail/prison.
3. Only Santa Clara County Child Support Orders may be modified by Santa Clara County DCSS. All other orders will remain in effect.

F. I understand that the Department of Child Support Services will respond to this request within four (4) weeks from the date this form is received in their office.

I CERTIFY THAT I HAVE READ ALL OF THE FOREGOING AND AGREE TO ALL TERMS AND CONDITIONS.

Date

Signature of Inmate