



DEPARTMENT OF HUMAN SERVICES

CHILD SUPPORT SERVICES

PO Box A Greeley, CO 80632

Website: www.co.weld.co.us

E-mail: childsupport@co.weld.co.us

Fax Number: (970) 346-7663

Child Support (970) 352-6933

Dear Sir/Madam:

Enclosed are the state Review and Adjustment request form, and the financial affidavit for you to complete and return to the above address. Please fill out all paperwork in ink, or type your responses.

The review process does not begin until we receive a fully completed request form and financial affidavit **with requested proof**. In order to assist you with ensuring that you have fully completed the financial affidavit, and attached the requested proof, a checklist is also enclosed. Please complete all items on the financial affidavit prior to returning your request form and financial affidavit in order to avoid delays in the review process. Incomplete applications and financial affidavits cannot be processed.

Should you have any questions about these forms, or need further assistance, please contact our Child Support Customer Service technician at (970) 352-6933.

Sincerely,

Weld County Child Support

Modification Request Checklist

Review and Adjustment Request			
	Yes	No	N/A
Name, current address, phone number and e-mail address provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reason for request is given (please be specific.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Request is signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Affidavit			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your personal data is filled out completely and is current.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Employment information is completely filled out with your current, or most recent, employer. If any section of this is left blank, it will delay your request for modification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have attached your three most recent paystubs (if currently employed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have attached your most recent tax return (1 year if unemployed, 3 years if self employed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are receiving unemployment benefits, you have attached proof of how much you receive weekly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are a full-time student, you have attached a class schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from other sources is completely filled out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are receiving disability benefits, attach your letter from Social Security.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have had a change in visitation, attach a copy of your most recent agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed Childcare Verification form or proof of daycare costs is attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance information is provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attach proof of the cost of health insurance for only the child(ren) on this case.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are paying child support for other children, attach proof of payment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have biological children and/or adopted children who live with you, attach a copy of their birth certificate(s). Do not include step-children who live with you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Affidavit is signed and notarized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confidential

Modification Request Checklist New.docx

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AFFIDAVIT WITH RESPECT TO CHILD SUPPORT

INSTRUCTIONS:

PLEASE PRINT IN INK OR TYPE. COMPLETE EACH QUESTION WITH A CHECK MARK OR AN **X** IN THE BOX PROVIDED OR ENTER THE INFORMATION REQUESTED. IF YOU HAVE NO KNOWLEDGE OF THE INFORMATION REQUESTED, ENTER "DON'T KNOW." **DO NOT** LEAVE ANY QUESTIONS UNANSWERED, EXCEPT AS INSTRUCTED. IF ANY INFORMATION CHANGES AFTER THE AFFIDAVIT IS COMPLETE, NOTIFY THE CHILD SUPPORT ENFORCEMENT (CSE) UNIT OF THE CHANGES. ATTACH REQUESTED DOCUMENTS OR PROOF.

YOUR PERSONAL DATA

Name (First, Middle, Last): _____
Social Security Number: _____ Date of Birth: _____
Address: _____
City, State Zip: _____
Phone Number: _____

Provision of your social security number is mandatory pursuant to 42 U.S.C. 666(a)(13). Social security numbers are used by the Division of Child Support Enforcement to locate individuals for the purposes of establishing paternity, establishing support obligations, modifying and enforcing child support obligations and distribution of child support payments. If you do not have a social security number, the Division will not deny your request for assistance.

YOUR PRIMARY EMPLOYMENT

____ Attached are **IRS Tax returns for the last 3 years.**
____ Attached are pay statements for the last three months.
____ If self-employed, attached are personal and business income tax returns, including all schedules and forms (especially Form K-1, Form 1065, Form 1120S, or Form 1120C) for the last three tax years.
____ If self-employed, attached are income and expense balance sheets for each month since last business tax return filed.

Current/Previous [Employer] [Business]: _____

Address: _____
City, State Zip: _____
Phone Number: _____
Date Employment (Business) began: _____
Current Position began on: _____
Hours worked each week: _____ Hourly wage \$ _____ Salary \$ _____
How often do you get paid? ___ weekly ___ every 2 weeks ___ twice a month ___ monthly

Monthly Gross Income: \$ _____
 Bonus: \$ _____ Frequency: _____
 Tips: \$ _____ Frequency: _____
 Commission: \$ _____ Frequency: _____

Overtime is \$ _____ per hour. Frequency (weekly, monthly, every 2 weeks): _____
 _____ Overtime is not available. _____ Overtime is required.

Year to date Total Gross Income: \$ _____

If unemployed, what date did you last work? _____

I am unemployed due to _____ disability _____ involuntary layoff at work _____ other. Please Explain: _____

Are you receiving unemployment compensation? Check one: _____ Yes _____ No

- If you are unemployed due to disability, please attach documentation of your disability and/or disability insurance or Social Security benefit.
- If you are receiving unemployment compensation, please attach documentation of the weekly benefit.

_____ I am a full time student. Expected graduation date: _____ (Attach proof of status).

_____ I am incarcerated. Attach proof of expected release date and/or parole date.

DOC Number: _____

My inmate average monthly account balance is \$ _____

INCOME FROM OTHER SOURCES

Information which may affect my monthly income status. Check all that apply.

SOURCE	MONTHLY AMOUNT	EFFECTIVE DATE
Maintenance (Spousal Support)	\$	
Interest, Dividends	\$	
Pension Income (Retirement)	\$	
Rental Income	\$	
Social Security Disability	\$	
Social Security Retirement	\$	
Social Security Survivors	\$	
Supplemental Security Income	\$	
Aid to the Needy and Disabled	\$	
Public Assistance (TANF)	\$	
Unemployment Compensation	\$	
Veterans Benefits	\$	
Workers Compensation	\$	
Private Disability Insurance	\$	
Other:	\$	

PARENTING TIME

The child(ren) born or adopted of this marriage/relationship reside primarily with _____ me _____ the other parent. Number of overnights with me _____ the other parent _____

DAYCARE

Is/Are the child(ren) born or adopted of this marriage/relationship in daycare while one or both parents work? _____yes _____no

The charge for such daycare is \$ _____ per _____ hour _____ week _____ month.

If hourly, the child(ren) are in daycare _____ hours per week.

The average monthly cost for daycare is \$ _____

Work-related daycare expenses are paid by _____me _____the other parent _____both _____other person.

I personally pay \$ _____ or _____%

The other parent pays \$ _____ or _____%

Other person pays \$ _____ or _____%

Daycare assistance \$ _____ or _____%

Education related daycare expenses are \$ _____ per hour _____ per week.

Education related daycare expenses are paid by _____me _____the other parent _____both _____other person.

I personally pay \$ _____ or _____%

The other parent pays \$ _____ or _____%

Other person pays \$ _____ or _____%

Daycare assistance \$ _____ or _____%

_____Attached is proof of current daycare enrollment.

_____Attached is proof of payment of daycare for the school year and summer months.

_____Attached is a summary of yearly daycare expenses.

HEALTH INSURANCE INFORMATION

Includes: Medical, Dental and Vision

Health insurance _____is _____is not maintained for the child(ren) born or adopted of this marriage/relationship.

I pay \$ _____ as a monthly cost to cover only the child(ren) of this action on my health insurance.

Name of Insurance Company: _____

Address: _____

Telephone Number: _____

Group Number: _____

Policy Number: _____

Name(s) of all Individual(s) _____
covered: _____

Effective Date of Coverage: _____

If the child(ren) are not covered the monthly cost to add the child(ren) of this action would be \$ _____.

OTHER DEDUCTIONS

The child(ren) born/adopted during this marriage/relationship have uninsured health expenses in excess of \$250.00 per year. ___yes ___no

The cost of such expense on a routine basis per single illness or condition is \$_____ per month.

Explain: _____

Attach documentation.

The child(ren) have extraordinary needs, which require payment on a monthly basis. Explain the needs and itemize the cost of them on a monthly basis: _____

Attach documentation.

OTHER SUPPORT ORDERS

I pay Maintenance (spousal support) to a former spouse in the amount of \$_____ per month (Attach a copy of the order and proof of payments)

I pay child support for a child(ren) not of this marriage/relationship, in the amount of \$_____ (Attach copy of order and proof of payment).

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

NAME (First, Middle, Last)

Date of birth

<u>NAME (First, Middle, Last)</u>	<u>Date of birth</u>

IF YOU FAIL TO HAVE THIS FORM NOTARIZED AND/OR FAIL TO PROVIDE DOCUMENTATION, YOUR CASE PROCESSING COULD BE DELAYED.

I declare under penalty of perjury that I have completed this affidavit and the statements contained herein are true and correct.

Name

Date

Sworn to before me in the County of _____, State of _____, this _____ day of _____, _____.

My Commission expires: _____.

Notary Public

[SEAL]

CHILD CARE VERIFICATION FORM

In order for child care credit to be used in calculating the child support guidelines, this form must be completed in its entirety and returned to the WELD COUNTY CHILD SUPPORT ENFORCEMENT OFFICE.

If Existing CSE Case: Household number: _____

CSE Tech: _____

Custodial Parent: _____

SSN#: _____

Non-Custodial Parent: _____

SSN#: _____

Are you currently enrolled in a Child Care Assistance Program? Yes No

If yes, the Monthly Parental Fee is \$ _____.

LICENSED PROVIDERS- The child care provider must complete this form and attach documentation on the facility's letterhead showing enrollment, costs and payments made.

UNLICENSED PROVIDERS- If the child care provider is not licensed, the child care provider must complete this form and SIGN IT BEFORE A NOTARY. ***The parent paying daycare costs must provide current receipts or cancelled checks with this verification form. Failure to provide documentation may result in the child care costs being excluded from the guideline calculation.***

Name of Company/Individual Providing Child care: _____

Address: _____

Phone number: _____ License or FEIN Number _____

The Children Currently Enrolled in Child Care:

Name:	Date of Birth:	Date of Enrollment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Paid: \$ _____ Monthly Weekly Year to date

Signature of Parent

Date

Affirmation by Child Care Provider

I declare and affirm, under the penalty of perjury that the above information is true and accurate and that I can be summoned to appear in court to testify to these facts.

Signature of Child Care Provider

Subscribed and sworn to me this ___ day of _____, 20__.

My Commission Expires

Notary Public