FINANCIAL STATEMENT FOR REVIEW AND ADJUSTMENT							
To help us set a fair and accurate child su documentation to the following address: Office of Recovery Services P.O. Box 45033	ipport amoui	nt, please i	eturn this c	completed form	and any supporting		
Salt Lake City, UT 84145-0033							
YOUR INFORMATION (Please print):							
Last Name	First Name		Middle Initial	Date of Birth	Social Security Number*		
Address	l				Telephone		
City		State	ZIP Cod	de	Other Telephone		
ORS Case Number (The case for which you are requesting a review.)			reques	Copy this form and submit a separate request for each case you wish to have reviewed.			
Child(ren)'s Name(s) (Names of all children on the c	ase being revie	wed.)					

Section 1: Your Income Information						
Submit the following (Two forms of verific			Two or three paycheck stubs or statement from employer; <u>and</u> Last year's tax records, complete as filed with the IRS (forms, W2s, etc.).			
	Monthly Income		Source/Address/Phone			
Employment	\$ Gr	oss				
Unemployment	\$					
Pension	\$					
Alimony	\$					
Social Security Bene	efits\$					
Workers Comp	\$					
Other	\$					
	Section	2: Su	bstantial Change in Circumstance			
Has there been a su	bstantial change in ci	rcumsta	ance since your previous child support order? Yes No			
provide an explanati		any app	tance since your previous child support order was established, please propriate verification (doctor's note, etc.). If you are currently incarcerated, low.			
Are you currently inc	carcerated?	□ Yes	□ No			
Incarceration Information:						
Name of Prison/Fac	ility:		Inmate #:			
Address:			City State ZIP			
Will the duration of	your incarceration las	t more tl	han 180 calendar days prospectively? ☐ Yes ☐ No			
Date of Incarceratio	n:		Expected Date of Release, if known:			

Section 3: Barriers to Employment								
Complete this section if you are not capable of earning at least \$7.25/hour, full time (\$1260.00/month gross income								
Are you at least 18 years old?					□ Yes	□ No		
Do you have a high school diploma or equivalent (G.E.D.)? If no, are you enrolled in a program to obtain a high school diploma or equivalent? If yes, provide written verification of enrollment from the school or program.						□ No □ No		
Do you have any for lf yes, provide your ability to w	□ Yes	□ No						
Is your ability to work limited by medical conditions? If yes, provide a written statement from your licensed healthcare provider describing the health care provider's opinion regarding your ability to work, the limitations to working and the expected duration.					□ Yes	□ No		
Do the emotional or physical needs of a child in your home require you to stay at home and limit your ability to work or to work full time? If yes, provide a written statement from the child's licensed healthcare provider describing the special needs of the child and the expected duration.						□ No		
Are you receiving Social Security benefits? If yes, provide written documentation from the Social Security Administration detailing the type and the amount of the benefit(s) you receive.						□ No		
Are you legally able to work in the United States? If no, provide written documentation.						□ No		
Is there any other reason you cannot work full time? If yes, please explain: ———————————————————————————————————						□ No		
Section 4: Medical Insurance Information								
	Insurance Company Name/Address/Phor	ne	Policy Number	Policy I	Holder Na	me		
Medical								
Dental								
Optical								
Pharmaceutical								
Individuals Covered Relationship		Individu	uals Covered		Relat	ionship		

Section	n 5: F	Present House	hold and	d Other Par	ent's Incom	e Inforr	nation		
Please complete this s not included in this ch	nild su		you want	current famil	y expenses co	nsidered			
Child Name				nship to You Other Parent'		Does this child h		Support	
							□ Yes	□ No	
							□ Yes	□ No	
							□ Yes	□ No	
							□ Yes	□ No	
							☐ Yes	□ No	
If you listed children in the parents of the children list records or a statement from the contract of the children is the contract of the children in the contract of the children is the children in the children in the children is the children in the children in the children is the children in the chi	sted ab	ove. Provide the f							
Other Parent's Nam	ne	Gross Monthly Income		Date of Birth		Social Security Number			
		Section	n 6: Chil	d Care Exp	enses				
Only include child care e	expens	es for the child(rer	n) included	in this order.	Provide verifica	ition of ar	mounts paid.		
Child Name				Amount Paid Fre			requency Paid (day/hour/etc.)		
Child #1				\$					
Child #2				\$					
Child #3				\$					
Child #4				\$					
		Section 7	Month	ly Support	Obligations				
You may be eligible for o									
Child Support \$				Alimony \$					
Signature (requ	ired):_				Date: _				
state's child supp	oort end s for pu	a)(13) of the Social forcement program rposes of establis	n to reques	st social securi	ity account num	bers in o	rder to		