

## FINANCIAL STATEMENT FOR REVIEW AND ADJUSTMENT

To help us set a fair and accurate child support amount, please return this completed form and any supporting documentation to the following address:

Office of Recovery Services  
P.O. Box 45033  
Salt Lake City, UT 84145-0033

**YOUR INFORMATION (Please print):**

Last Name	First Name	Middle Initial	Date of Birth	Social Security Number*
Address				Telephone
City	State	ZIP Code	Other Telephone	
ORS Case Number (The case for which you are requesting a review.)			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 case being reviewed.)				



### 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any felony convictions? If yes, provide incarceration time period(s) and explain how the felony conviction has affected your ability to work:  _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally able to work in the United States? If no, provide written documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any other reason you cannot work full time? If yes, please explain:  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 4: Medical Insurance Information

	Insurance Company Name/Address/Phone	Policy Number	Policy Holder Name
Medical			
Dental			
Optical			
Pharmaceutical			
Individuals Covered	Relationship	Individuals Covered	Relationship

**Section 5: Present Household and Other Parent's Income Information**

Please complete this section only if you have biological or adopted children who live in your household and are not included in this child support order **AND** you want current family expenses considered. Provide verification (e.g., birth certificate, parentage order, adoption order, etc.)

Child Name	Date of Birth	Relationship to You	Other Parent's Name	Does this child have a Child Support Order?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you listed children in the above table **AND** want current family expenses considered, complete this section for the other parents of the children listed above. Provide the following verification: Other parents' paycheck stubs and last year's tax records or a statement from the employer.

Other Parent's Name	Gross Monthly Income	Date of Birth	Social Security Number

**Section 6: Child Care Expenses**

Only include child care expenses for the child(ren) included in this order. Provide verification of amounts paid.

Child Name	Amount Paid	Frequency Paid (day/hour/etc.)
Child #1	\$	
Child #2	\$	
Child #3	\$	
Child #4	\$	

**Section 7: Monthly Support Obligations**

You may be eligible for credit against your gross income for court ordered child support and/or alimony. Attach copies of court orders and a payment history for all of your and/or your spouse's obligations.

Child Support \$	Alimony \$
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**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Based on section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)] it is mandatory for a state's child support enforcement program to request social security account numbers in order to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.