

# Request to Modify a Child Support Order

For Office Use Only
CSC Number: _____
Requestor: <input type="checkbox"/> RP <input type="checkbox"/> CP <input type="checkbox"/> TP
CSRU Worker: _____

1) FILL OUT ALL SECTIONS ON PAGE 1.

2) SIGN ON PAGE 2.

3) RETURN THIS FORM AND THE PROOF WE ASK FOR WITHIN 10 DAYS OF SIGNING PAGE 2.

By signing this request, you agree to accept service by mail. If we can't serve you by mail, we end the process.

Return this form and your proof to your local child support office. **If you have other information or comments, use an additional sheet of paper.** If you have questions about filling out this form, contact your local office. If you need assistance finding the local office phone number, call the child support automated information line at 1-888-229-9223 (toll free nationwide) or visit the Iowa Child Support website: <https://childsupport.ia.gov>.

List Information About You				
CSC Case Number		Your Telephone Number		Your Email Address
▶ First Name	Middle	▶ Last		Social Security Number
▶ Street Address		▶ City		▶ State    ▶ Zip Code
Name and Address of Current Employer			Employer Telephone Number	

List the Children in the Court Order			
Name	Name	Name	Name

List Information About the Other Parent				
▶ First Name	Middle	▶ Last		Telephone Number
Street Address		City		State    Zip Code
Name and Address of Current Employer			Employer Telephone Number	

List All Court Orders Involving You and the Other Parent			
Court Order Number	Date Order Entered	State	County
Court Order Number	Date Order Entered	State	County

Health Insurance		
Do the children have medical coverage or a health benefit plan, including Medicaid or <i>hawk-?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Send a copy of the insurance card and something that shows the types of coverage the plan offers.
Policy Number	Insurance Company	
Name of Policy Holder (can be the stepparent):	Effective Date	

Additional Children		
Do you have other children (with this parent) you want to add to the current child support order?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Send proof of the child's name, date of birth, social security number, and how paternity was established.

Significant change in income		
Has one of the parents had a 50% change in income that happened at least 3 months ago, and is expected to last another 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Parent with change  Send proof of the change.

**REQUEST FOR A REVIEW AND ADJUSTMENT OR ADMINISTRATIVE MODIFICATION AND  
WAIVER OF PERSONAL SERVICE AND CONSENT TO JURISDICTION**

**Sign this section to ask for a Review and Adjustment or Administrative Modification.** We (the Child Support Recovery Unit) decide which process fits your situation.

Note: For an Administrative Modification due to 50% change in income, you must attach proof of the income used to figure your child support amount and proof of the new income. This change must have happened at least 3 months ago, and be expected to last another 3 months. **IF YOU DON'T PROVIDE THE PROOF, WE MAY HAVE TO DENY YOUR REQUEST.**

This is a request and waiver of personal service. When you sign it, you agree as follows:

- I agree to accept service of the *Notice Of Intent* or *Notice Of Decision* and supporting paperwork by first class mail. Serve it at the address I provided on this form or to my latest known verified address.
- In addition, I understand all other papers will be mailed to me at the address I provided on this form, or to my latest known verified address.
- I understand that I must tell you if I move as required by Iowa law [Code section 598.22B].
- I understand that if you are not able to serve the *Notice Of Intent* or *Notice Of Decision* by mail, you cannot continue the process.
- I understand that either parent may be ordered to provide medical support under Iowa Code Chapter 252E. This includes either a health benefit plan or a dollar amount for medical support.
- I understand that each parent may be named as a respondent as described in Iowa Code sections 252H.3A and 252B.5.

**I agree to the personal jurisdiction of the Iowa court. I also agree to the authority of the Iowa court to take this action.** I understand the Iowa court will hold a hearing if either party asks for one. I also know that the Child Support Recovery Unit may present an amended order resulting from this action to the Iowa court for approval.

I certify under penalty of perjury (punishment for lying) and under the laws of the State of Iowa that the above financial information for abbreviated review consideration I have given is true and correct. I understand that CSRU may use this information in an action to modify support for my children.

\_\_\_\_\_  
**Signature of Person Making Request**

\_\_\_\_\_  
**Date (Month, Day, Year)**

\_\_\_\_\_  
**Relationship to the Children**



**REQUEST FOR A COST-OF-LIVING ALTERATION (COLA)**

To ask for a COLA, both parents subject to the order must agree and sign this section. **The new child support amount is based on increases in the cost of living since the order was entered or last modified.**

I want the Child Support Recovery Unit to do a cost-of-living alteration of my child support amount. I agree to accept all service of papers for this process by first class mail.

I take full responsibility for the information that I have given on this request form.

\_\_\_\_\_  
**Signature of Mother**

\_\_\_\_\_  
**Signature of Father**

\_\_\_\_\_  
**Date (Month, Day, Year)**

\_\_\_\_\_  
**Date (Month, Day, Year)**