

[CURRENT_DATE]

Recipient name

Recipient address (multiple lines)

CSE Case Number:
[CSE_CASE_NUMBER]

Custodial Party:
[CP_PRIMARY_NAME]

Noncustodial Parent:
[NCP_PRIMARY_NAME]

Court Case Number:
[COURT_CASE_NUMBER]

Dear [RECIPIENT_NAME]:

Our office has received your request to have your child support order reviewed. As a result, your child support order will be reviewed to see if the amount in the order should be changed.

You must complete and return the following enclosed forms within 20 business days from the date of this letter so your information can be considered in the review and adjustment process:

-  ☐ Income and Expense Declaration (FL 150) (Include all required attachments such as paystubs.)
- ☐ Visitation Verification (DCSS 0053)
- ☐ Health Insurance Information (DCSS 0054)
- ☐ Childcare Verification (DCSS 0069) (Please have your childcare provider complete this form only if you have childcare expenses.)
- ☐ Other: [DCSS_0291_OTHER_TEXT]

The information you provide will be used to calculate whether your child support order should be changed. It may be considered a public record once it is filed with the court.

Please provide receipts or similar documentation if you are seeking certain deductions either from your income, or certain expenses to be included in the calculation. For example: any extraordinary health expenses, uninsured catastrophic losses, or living expenses of other natural or adopted children who reside with you; or, any expenses that may not be reflected in your paycheck, such as union dues, or other court ordered child support obligations. If you fail to provide such proof, these expenses may not be included in the child support calculation.

The review process will not begin until the above form(s) is returned to our office. Our office may stop the review process if the information requested above is not returned within 20 business days from the date of this letter.

Your request for a review will apply to each of your child support orders within this county. Our office will review each order to see if an adjustment is necessary. If you have an order in another county, the other county will be advised of your request for review.

Please return all the forms and documentation to our office at the address below:

[OFFICE_NAME]

[OFFICE_MAIL_ADDRESS]

Pursuant to title 45, Code of Federal Regulations section 303.3, for all cases referred to a local child support agency or where an application for services has been received, the agency must attempt to locate all noncustodial parents or sources of income and/or assets when necessary for the next appropriate action. When applicable and appropriate to your case(s), the local child support agency will seek to obtain verification of Social Security Administration information through a data matching process.

If you have any questions, please visit Customer Connect at www.childsupport.ca.gov/customer-connect for assistance on-line or call Customer Connect at (866) 901-3212. Persons with hearing or speech impairments, please call the TTY number (866) 399-4096.

Sincerely,

[WORKER_NAME]

[WORKER_TITLE]

Enclosure(s)