

STATE OF INDIANA  
HUNTINGTON COUNTY  
CHILD SUPPORT OFFICE

56<sup>TH</sup> JUDICIAL CIRCUIT  
HUNTINGTON, INDIANA



201 N. JEFFERSON STREET  
ROOM 417, COURTHOUSE  
HUNTINGTON, IN 46750

PHONE (260) 358-4884  
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AMY C. RICHISON  
*Prosecuting Attorney*

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## INFORMATION ON REQUESTING A REVIEW OF YOUR CHILD SUPPORT ORDER

1. A request to have your support order reviewed administratively by our office can only be made once a year, unless there is substantial change in circumstances (for example, you become disabled, unemployed, or are incarcerated).
2. Either parent and/or guardian can request an administrative review.
3. Once a request is made, the caseworker **may** send both parents a letter requesting financial information. Both parties must send this information back within 30 days, if it is requested. Please send in the last two pay stubs, information on how many other children you have, day care expenses, health insurance costs, and visitation. If the party requesting the review does not submit this information within 30 days, the review will be terminated.
4. Once the caseworker receives the information, she will do a review and send both parties a letter with the results and a copy of the child support worksheet.
5. If there is at least a 20% change, the Deputy Prosecutor will file a Petition to Modify the Support Order with the Court. This will be filed regardless of whether it is an increase or decrease.
6. If there is not at least a 20% change, either party can still file their own Petition to Modify with the Court. Either party is always welcome to consult with an attorney for assistance with filing a Petition.
7. **By requesting a review of your order, you are assuming the risk that the support amount may either increase or decrease. A final decision on whether or not to modify the order rests solely with the judge and/or magistrate. The changes to the order will not go into effect until and unless it is approved by the judge.**

I have read and understand the above and agree to its terms, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

TINA RUCKMAN  
Child Support Caseworker

ROXY GRAY  
Child Support Caseworker

LISA A. NASH  
Child Support Caseworker

SARAH E. KEMP  
Child Support Caseworker

KELLEY MILLER  
Child Support Caseworker

MARIA E. SILLS  
Child Support Intake

JENNIFER M. PYCLIK  
Deputy Prosecuting Attorney

**INFORMATION NEEDED TO REVIEW YOUR CASE FOR A MODIFICATION:**

DATE: \_\_\_\_\_ CASE: \_\_\_\_\_

**PERSON REQUESTING REVIEW:**

CUSTODIAL PARENT \_\_\_\_\_ NON-CUSTODIAL PARENT \_\_\_\_\_

REASON FOR REQUEST OF MODIFICATION: \_\_\_\_\_

**CUSTODIAL PARENT INFORMATION:**

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_

SECONDARY PHONE # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME AND BIRTHDATE OF  
THE CHILD OR CHILDREN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CP CURRENTLY EMPLOYED: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

CURRENT EMPLOYER'S NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER'S PHONE: \_\_\_\_\_

DAYCARE PROVIDER: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

NAME & ADDRESS OF DAY CARE PROVIDER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAYCARE PHONE: \_\_\_\_\_

ARE VOUCHERS RECEIVED FOR DAY CARE? \_\_\_\_\_ YES \_\_\_\_\_ NO

DOES THE CUSTODIAL PARENT HAVE ANY  
OTHER BIOLOGICAL CHILDREN LIVING IN THE HOME? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, HOW MANY? \_\_\_\_\_ OLDER \_\_\_\_\_ YOUNGER

IS THE CUSTODIAL PARENT ORDERED TO  
PAY SUPPORT ON ADDITIONAL CHILDREN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT IS THE COUNTY IN WHICH THE  
CHILD SUPPORT IS ORDERED? \_\_\_\_\_

**NON-CUSTODIAL PARENT:**

NAME : \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_

SECONDARY PHONE # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NCP CURRENTLY EMPLOYED: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN

CURRENT EMPLOYER'S NAME & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER'S PHONE: \_\_\_\_\_

DOES THE NON-CUSTODIAL PARENT HAVE ANY OTHER BIOLOGICAL CHILDREN LIVING IN THE HOME?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, HOW MANY? \_\_\_\_\_ OLDER \_\_\_\_\_ YOUNGER

IS THE NON-CUSTODIAL PARENT ORDERED TO PAY SUPPORT ON ANY ADDITIONAL CHILDREN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT IS THE COUNTY IN WHICH THE CHILD SUPPORT IS ORDERED? \_\_\_\_\_

WHO CARRIES THE INSURANCE?

\_\_\_\_\_ CUSTODIAL PARENT \_\_\_\_\_ NON-CUSTODIAL PARENT

\_\_\_\_\_ MEDICAID

ARE YOU OR THE NON-CUSTODIAL PARENT REPRESENTED BY AN ATTORNEY OR HAVE YOU BEEN REPRESENTED BY AN ATTORNEY IN THE PAST FOR ANY OF THE FOLLOWING ACTIONS? DIVORCE, SUPPORT, PATERNITY, GUARDIANSHIP, OR CUSTODY?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE LIST THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THAT ATTORNEY:

\_\_\_\_\_

**PARENTING TIME:**

DOES NCP PRACTICE REGULAR PARENTING TIME WITH CHILD(REN):

\_\_\_\_\_ YES \_\_\_\_\_ NO

OVERNIGHTS EVERY OTHER WEEKEND (MINIMUM 52 VISITS): \_\_\_\_\_

OVERNIGHTS EVERY OTHER WEEKEND, HOLIDAYS AND SUMMER BREAK (STANDARD 98 VISITS): \_\_\_\_\_

EQUAL PARENTING TIME (182 VISITS): \_\_\_\_\_  
(EXAMPLE: SHARED JOINT CUSTODY) \_\_\_\_\_

**FOR OFFICE USE ONLY:**

CP EMPLOYMENT VERIFICATION MAILED: \_\_\_\_\_

DAYCARE VERIFICATION MAILED: \_\_\_\_\_

AP EMPLOYMENT VERIFICATION MAILED: \_\_\_\_\_