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NCP_CAS_ID_CASE CAS_CD_CNTY CAS_CD_OFFICE
OFC_NAME_BUS
OFC_ADDR_CSZ

(243) 434-3434

Rec_Name_Full
2321
Rec_Addr_CSZ

September 5, 2024



Request for Modification Checklist

NAME: NCP_NAME_FULL

AZCARES#: CAS_ID_CASE

Substantial Change: A change that would result in an increase or decrease of your current support order.

Continuing Change: A change that would occur continuously for six months or longer.

Note: One-time inheritances or a one-time bonus are not considered substantial and/or continuing changing events.

I am requesting a modification as a result of the following substantial or continuing change (check all that apply)

OR

I did not request a modification but the following substantial or continuing changes have occurred (check all that apply):

My order was established or last modified more than 3 years ago

Change in Employment/Income

Loss of Job (Date last job ended: _____. You have been unemployed at least 30 days, with the expectation that it will continue another 90 days.)

Currently incarcerated (Dates of incarceration)

From (_____ to _____)

Note: Prior incarceration is not considered a substantial or continuing change in circumstances.

Determination of Disability

Continuous change in custody and/or parenting time

One or more children have emancipated

Birth of additional children to support

Change in child-related expenses (e.g.,: child care)

Medical Changes

Premium Cost Increase

Loss of Coverage

Change party ordered to provide medical coverage

Cash Medical order needed

Your modification request must include this **Modification Checklist**, a **Modification Review Notice**, a completed Affidavit of Financial Information and a notarized **Agreement to Accept Service by Mail**.

If your order is more than three years old, you have the right to request a modification of your order without showing a change in circumstance that is substantial and continuing. However, **all requests** where orders are less than three years old, must fit the modification criteria as outlined above or your case may not be eligible for Division of Child Support Services (DCSS) to file the modification.

Child support orders from other states may not necessarily be modified in Arizona and may take longer to process.

Your case may not qualify for a modification if:

- * The youngest child emancipated in less than one year
- * The other parent is not located
- * The current order is zero due to incarceration/disability and the other party is still incarcerated/disabled

Note: If your case is an arrears only case, this modification process does not apply.



If your case does not qualify for a modification review by the DCSS, you still may be able to request a modification on your own through the appropriate court

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at www.azdes.gov/dcsc.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.

