



RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD SUPPORT SERVICES
77 DORRANCE STREET, PROVIDENCE, RI 02903
<https://ocss.ri.gov> ● (401) 458-4400
CUSTODIAL PARENT REQUEST FOR A MODIFICATION

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BY COMPLETING THIS FORM, YOU ARE REQUESTING THAT THE OFFICE OF CHILD SUPPORT SERVICES FILE THE PAPERWORK CALLED A MOTION TO MODIFY. THIS IS TO INCREASE YOUR CHILD SUPPORT ORDER.

- OCSS CAN ONLY ASSIST YOU IF THE CASE IS ONE THAT IS CURRENTLY IN OUR CHILD SUPPORT CASELOAD AND IF THERE ARE NO OTHER MOTIONS PENDING.
- YOU WILL BE NOTIFIED IF THE REQUEST IS REJECTED. IF REJECTED, YOU MAY OF COURSE FILE THE MOTION ON YOUR OWN AT ANY TIME. THERE IS A MOTION AVAILABLE AT THE RI FAMILY COURT, OR ON OUR WEBSITE AT <https://ocss.ri.gov>.
- LEGAL COUNSEL FOR THIS AGENCY WILL NOT LEGALLY REPRESENT YOU AT THE HEARING REGARDLESS OF WHETHER WE FILE THE MOTION FOR YOU OR YOU FILE ON YOUR OWN NOR DO WE REPRESENT THE OTHER PARENT. YOU WILL BE REQUIRED TO PRESENT YOUR CASE TO THE MAGISTRATE/JUDGE OR RETAIN LEGAL COUNSEL TO PRESENT YOUR CASE ON THE HEARING DATE.
- YOU WILL BE MAILED A COPY OF THE MOTION AND A NOTICE OF THE DATE, LOCATION AND TIME WHEN THE HEARING IS SCHEDULED. IF YOU DO NOT APPEAR, THE MOTION TO MODIFY MAY BE DENIED OR PASSED ON THE SCHEDULED HEARING DATE.
- AN INCOME AND EXPENSE SHEET CALLED AN **OCSS-1** WILL BE MAILED TO YOU ALONG WITH A COPY OF YOUR MOTION. PLEASE FILL OUT THE FORM COMPLETELY AND BRING IT WITH YOU TO YOUR COURT DATE. THE COURT WILL RELY ON THIS FORM AS WELL AS YOUR TESTIMONY IN MAKING DECISION.

IN ORDER TO FILE THE PAPERWORK, THE FOLLOWING INFORMATION IS NEEDED. PLEASE COMPLETE ONE (1) FORM FOR EACH CASE.

Today's Date:

Custodial Parent Name:

First

Middle

Last

Sr., Jr., III, etc.

CP Address:

house number

street name

city/state/zip

country

CP Social Security Number:

Non-Custodial Parent Name:

Non-Custodial Parent Address (if you know):

house number

street name

city/state/zip

country

Child/Children Name(s):

Case Number or Docket No. (Civil Action File Number):

IN ORDER FOR THE COURT TO CONSIDER YOUR MOTION TO INCREASE YOUR ORDER, THE COURT NEEDS TO KNOW THE REASON WHY.

PLEASE EXPLAIN WHY YOU ARE REQUESTING AN INCREASE OF YOUR COURT ORDER. CHOOSE FROM THE CHOICES ON THE NEXT PAGE. YOU ALSO MAY LIST YOUR REASON IF IT IS NOT LISTED.

	Non-Custodial Parents income has increased
	Non-Custodial Parent working more hours
	Child/Children's needs have increased
	My income, upon which my order is based, has decreased
	other (explain)

IF WE MUST GET IN TOUCH WITH YOU TO ASK YOU QUESTIONS, WHAT IS THE BEST TIME AND THE BEST PHONE NUMBER TO REACH YOU?

BY SIGNING BELOW, I AUTHORIZE THE OCSS TO FILE A MOTION TO MODIFY ON MY BEHALF & THAT I HAVE READ THE NOTICE AND WAIVER REGARDING LEGAL REPRESENTATION.

I UNDERSTAND THAT THE DEPARTMENT OF HUMAN SERVICES - OFFICE OF CHILD SUPPORT SERVICES (OCSS) ATTORNEYS ARE NOT MY ATTORNEYS AND DO NOT REPRESENT ME, EVEN THOUGH I MAY BENEFIT FROM THE WORK OF THOSE ATTORNEYS. I UNDERSTAND THAT THE ONLY CLIENT OF OCSS LEGAL COUNSEL IS THE STATE OF RHODE ISLAND. BECAUSE I DO NOT HAVE AN ATTORNEY/CLIENT RELATIONSHIP WITH OCSS LEGAL COUNSEL, ANY INFORMATION I SHARE WITH OCSS OR THEIR ATTORNEYS IS NOT PRIVILEGED OR CONFIDENTIAL, EXCEPT AS OTHERWISE PROVIDED BY LAW. IT ALSO MEANS THAT OCSS MAY PROVIDE SERVICES TO THE OTHER PARENT OF MY CHILD OR ANOTHER PERSON, AGENCY OR DEPARTMENT HAVING CUSTODY/PHYSICAL POSSESSION OF MY CHILD AND IN NEED OF THE AGENCY'S SERVICES.

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SIGNATURE/DATE

<p>PLEASE SUBMIT COMPLETED FORM TO:</p> <p>OFFICE OF CHILD SUPPORT SERVICES CUSTODIAL PARENT REQUEST TO MODIFY 77 DORRANCE STREET PROVIDENCE, RI 02903 PHONE: (401) 458-4400 FAX: (401) 458-4465</p> <p>OFFICE USE ONLY - DATE RECEIVED: _____</p>
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