



RHODE ISLAND DEPARTMENT OF HUMAN SERVICES

OFFICE OF CHILD SUPPORT SERVICES

77 DORRANCE STREET, PROVIDENCE, RI 02903

<https://ocss.ri.gov/> ● (401) 458 - 4400

NON-CUSTODIAL PARENT REQUEST FOR RELIEF

NON-CUSTODIAL PARENT REQUEST FOR RELIEF – RHODE ISLAND RESIDENT

BY COMPLETING THIS FORM, YOU ARE REQUESTING THAT THE OFFICE OF CHILD SUPPORT SERVICES (OCSS) FILE THE PAPERWORK CALLED A MOTION FOR RELIEF, TO DECREASE OR SUSPEND YOUR CHILD SUPPORT ORDER AND YOU ARE REQUESTING THAT A COURT DATE, FOR WHICH YOU WILL NEED TO APPEAR, BE SCHEDULED FOR YOU.

■ 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, IN THE 'FORMS' SECTION.

■ 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, OR THE CUSTODIAL PARENT DOES NOT APPEAR/IS NOT SERVED, THEN THE MOTION MAY NOT BE HEARD.

■ 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:			
Non-Custodial Parent Name:			
First	Middle	Last	Sr., Jr., III, etc.
NCP Address:			
house number		street name	
city/state/zip		country	
NCP Social Security Number:		Cell phone:	
Employer name & address or provide the source of income:			
Custodial Parent Name:			
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 decrease or end your order, the court needs to know the reason why. Please explain why you are requesting a decrease or suspension of your court order.

Loss of job

Working less hours

Reconciliation with custodial parent

Loss of medical coverage

Child is no longer with the other parent

Incarceration; expected date of release is _____

Other (explain – on lines provided)

Do you need help with any other issues/services? If so please describe the services you need:

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 for Relief on my behalf & that I certify I have read the Notice and Waiver Regarding Legal Representation below.

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 the 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.

SIGNATURE/DATE

PLEASE SUBMIT COMPLETED FORM TO:

**OFFICE OF CHILD SUPPORT SERVICES
COMMUNITY OUTREACH LIAISON
ATTENTION: CHALECHIA CAMPINHA
77 DORRANCE STREET
PROVIDENCE, RI 02903**

FOR ANSWERS TO QUESTIONS, OR FOR MORE INFORMATION, CONTACT CHALECHIA CAMPINHA, AT:

PHONE: (401) 458-4425

FAX: (401) 458-4465

EMAIL: CHALECHIA.CAMPINHA@DHS.RI.GOV

OFFICE USE ONLY: DATE RECEIVED: _____