

COUNTY OF: _____ Sc.

F.C. No.: _____

_____ Plaintiff

vs.

_____ Defendant

MOTION FOR REVIEW AND ADJUSTMENT

The Plaintiff / Defendant states that:

1. The _____ was ordered to pay _____ per week / month as child support for the _____ minor child(ren) in question.
2. Three years have passed since the establishment or review of the court order.
3. An application of the guidelines at the present time will result in a change in the child support order.

WHEREFORE, Plaintiff / Defendant respectfully requests that the Court:

1. Review and if appropriate, adjust the child support order.
2. That the child support order be automatically deducted from the Defendant's wages.

Name

To : _____

Address: _____

NOTICE

Please take notice that the above-captioned matter may be called for hearing on the _____ day of _____, 20 ____ before an Honorable Justice of the Family Court, Garrahy Judicial Complex, One Dorrance Plaza, Providence, Rhode Island 02903.

CERTIFICATION

I, the undersigned do hereby certify that I mailed a copy of the within Motion to _____ on the _____ day of _____, 20 ____ .