

MC: ME
Bar Code Area
FS#:
Central File Maintenance
P.O. BOX 12048
AUSTIN, TX 78711-2048



KEN PAXTON
ATTORNEY GENERAL of TEXAS
CHILD SUPPORT DIVISION

Date:
OAG #
Other Party:

Si quiere recibir traducción en español de esta carta y de este cuestionario, por favor llame al número:

Re: Request for Review

Dear _____ :

Thank you for your inquiry regarding a review of your child support order. Please sign this form and return it with the completed Child Support Review Questionnaire to:

Office of the Attorney General
Central File Maintenance
P.O. BOX 12048
Austin, TX 78711-2048

Name:	Social Security #	OAG Case #:
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I request the Child Support Division of the Office of the Attorney General to conduct a review of my child support order.

I understand the following:

- The attorneys of the Office of the Attorney General represent the State of Texas. They will provide me with child support services, but do not represent me or any other individual.
- A review of a child support order will determine if the order complies with the Texas child support guidelines and may result in an increase or decrease in child support or change in medical coverage.

Please list the reason(s) you are requesting a review:

Signature: _____

Date Signed: _____

Upon receipt of all the necessary information from you, we will determine if a review of your child support order is appropriate and we will notify you of our decision. If it is determined that a review should be conducted, the other party named in your child support order will be notified and asked to complete a questionnaire. Thank you for your cooperation.

Office of the Attorney General
Child Support Division



CHILD SUPPORT REVIEW QUESTIONNAIRE

Form Sequence #:

INSTRUCTIONS

Please type, print, or write clearly. Answer all questions as completely and accurately as you can. Please return the completed form along with copies of your income tax returns for the past two years, and your two most recent pay stubs. If you do not have these items, please send us your W-2 Forms for the past two years.

Date:

OAG Case Number:

INFORMATION ABOUT YOU (Please Print All Information)

Important Safety Information

If you have concerns about your child(ren)'s safety, there are some protections available in the child support process.

Do you have concerns about any of the following?

- the other parent or other individuals having access to your physical contact information?
- negotiating in person with the other parent?
- contact with the other parent during exchange of the child(ren) for visitation?

Yes No If yes, please explain. _____

Do you have a protective order, police report, or other supporting document? Yes No **If possible attach a copy of any documentation.**

If you answered YES to either of the previous questions, you will be sent an Affidavit of Nondisclosure.

Name (Last, First, Middle)		Social Security No.	Date of Birth	Relationship to Child(ren)
Address: Street Address		Apt. #	City	State ZIP Code
Home Telephone No.	Work Telephone No.	Do you have custody of the child(ren)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer			Employer's Telephone No.	
Employer's Address: Street Address		City	State	ZIP Code

INFORMATION ABOUT THE OTHER PARTY

Name (Last, First, Middle)		Social Security No.	Date of Birth	Relationship to Child(ren)
Address: Street Address		Apt. #	City	State ZIP Code
Current Employer		Employer's Telephone No.	Home Telephone No.	
Employer's Address: Street Address		City	State	ZIP Code

INFORMATION ABOUT THE CHILD(REN) (List only your children with the other party named above.)

Name (Last, First, Middle)	Sex	Social Security Number	Date of Birth	Place of Birth

FINANCIAL INFORMATION

	CURRENT INFORMATION	INFORMATION AT TIME OF LAST SUPPORT ORDER
YOUR GROSS (before any deductions) MONTHLY INCOME FROM:	AMOUNT	AMOUNT
Salary and Wages (including commissions, bonuses, and overtime)		
Self-Employment		
Pensions and Retirement		
Social Security Benefits		
Unemployment Benefits		
Disability and Workers' Compensation Benefits		
Dividends and Interest		
Net Rentals		
Other (specify):		
TOTAL MONTHLY INCOME		

	CURRENT INFORMATION	INFORMATION AT TIME OF LAST SUPPORT ORDER																					
YOUR MONTHLY DEDUCTIONS FOR:	AMOUNT	AMOUNT																					
Union Dues																							
Health and Dental Insurance You Pay For Your Child(ren) On This Order																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Insurance Company</th> <th style="width: 33%;">Policy Number</th> <th style="width: 33%;">Child(ren) Covered</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Insurance Company	Policy Number	Child(ren) Covered																				
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TOTAL MONTHLY DEDUCTIONS																							

	CURRENT INFORMATION	INFORMATION AT TIME OF LAST SUPPORT ORDER
YOUR ASSETS:	AMOUNT	AMOUNT
Cash On Hand		
Money in Checking Accounts		
Money in Savings Accounts		
Money in Any Other Accounts		
Retirement or Pension Funds		
Life Insurance Cash Value		
Stocks, Bonds, or Other Investment Securities		
Real Estate		
Other Assets (please specify)		
TOTAL VALUE OF ALL ASSETS		

	CURRENT INFORMATION	INFORMATION AT TIME OF LAST SUPPORT ORDER
CHILDREN:	NUMBER	NUMBER
Children you are legally obligated to support either in your home or by court order.		

Read the statements below. Check the box next to those you believe are true, and explain why.

The other parent's income has substantially (check one) increased decreased since the date of the current child support order.

By how much? \$ _____ per _____

Explain why _____

Do you have any other children, not already mentioned in this questionnaire, **who currently live with you?**

Yes No If "yes", complete the box below. Do **not** include stepchildren.

Name (Last, First, Middle)	Sex	Social Security #	Date of Birth	Place of Birth

Do you have any other children, not already mentioned in this questionnaire, **whom you are legally obligated to support?**

Yes No If "yes", complete the box below. Please attach copies of your court orders, if available.

Name (Last, First, Middle)	Sex	Social Security #	Date of Birth	Place of Birth

Is there any other information we should consider that has not been covered in this questionnaire? For example; Special needs of the children subject to this order.

Explain _____

By my signature below, I certify that the information provided by me in this form is true and correct to the best of my knowledge.

Texas Government Code Chapter 559 gives you the right to review and request correction of information on this form.

Signature

Date Signed