



Lac Courte Oreilles Child Support Services
13526 W. Trepania Road, Suite 202
Hayward, WI 54843
Phone: (715) 318-5916
Fax: (715) 318-6080

REQUEST FOR REVIEW

CP:

COURT CASE NO.:

NCP:

MTS CASE NO.:

I request that LCO Child Support Services review my child support order. I understand that the review may result in an increase, decrease, or no change in my child support and health insurance orders.

_____ I have enclosed a completed Financial Affidavit form and provided the other documents necessary for the review. (If Applicable – ***If Shared Placement is not ordered, Not Applicable***)

I understand that LCO Child Support Services works for the best interest of the child(ren) and does not represent the individual interests of either parent.

I understand that if the LCO Child Support Attorney appears at a hearing regarding my order, the attorney represents LCO Child Support Services, and does not represent me. Services provided by the LCO Child Support Attorney do not create an attorney-client relationship with me or with the other parent.

Complete the following to the best of your ability.

Address:

Address:

Phone: _____

Phone: _____

Employer name & address:

Employer name & address:

Who has legal custody of the child(ren) in this court order? _____

Who has physical custody? _____

Explain any change in circumstances since the last child support order was set that merits your request for a review:
(change in income; change in custody or overnight visitation arrangements; any children turning age 18 and out of high school, etc.)

Does the parent who pays child support have other children to support? What are their names and ages, and the amount of child support ordered?

Do any of these children live with the payer? What are their names and ages?

Do you have a medically documented long term disability? _____

If so, has a medical professional advised you that you should not maintain gainful employment? _____

In summary, why are you requesting a review of your child support order for this case?

Requested by: _____

Signature

Date: _____

Print Name: _____

Daytime phone: _____