

OFFICE OF THE DISTRICT ATTORNEY



STEVEN B. WOLFSON
District Attorney

Family Support Division
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ESTABLISHMENT
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Non-Custodial Parent Review & Adjustment Application

A modification of a child support order may be requested if there has been a substantial change of circumstances since the order was entered. Changed circumstance is defined by statute as an increase or decrease in gross monthly income of 20% or more. It also includes factual changes in the parties' circumstances such as emancipation of a child or the addition of a new child to the family.

If you have more than one case with this office and you apply for modification services, this office will assess all of your cases which reflect active current child support.

This office **does** modify current child support and enforce and/or add an order for health insurance coverage, when necessary.

This office **does not** modify:

- Spousal support
- Orders that are arrears only
- Orders with all children emancipated
- Unreimbursed medical expenses

This office **does not** handle custody or visitation issues. A Visitation/Access Mediation Program is available to assist with visitation and custody issues for those who qualify. For more information on this program, contact them at 702-671-9650.

The District Attorney's Office **does not** represent either party. This office represents the interests of the State of Nevada in enforcing health insurance and financial support of children.

**IF YOU FAIL TO PROVIDE PROOF OF INCOME,
YOUR REQUEST WILL BE DENIED.**

Non Custodial Parent Review & Adjustment Application

FAILURE TO PROVIDE REQUESTED INFORMATION WILL RESULT IN DENIAL OF YOUR REQUEST

Note: Submittal of this application will result in an assessment of all active current child support cases with our office. An action will be taken on any case that meets the criteria for a review & adjustment. If a court hearing is scheduled, your presence is required; failure to appear in court may result in the denial of the motion and no change to the existing order.

Your name _____ SSN _____

Address _____

Email address _____ Home/Cell phone number _____

Employer's name _____ Employer's phone number _____

Employer's address _____

My occupation / type of work: _____ Start Date _____

I have the following Professional, Occupational, Recreational Licenses: _____

Hourly wage: \$_____. Hours per week:_____. Pay cycle: weekly monthly 2-week

My total GROSS MONTHLY income is \$ _____

My monthly bills are: Per NRS §125B.070 child support for 1 child is 18% of the non-custodial parent's gross monthly income (not the income you take home). Child support for 2 children is 25%, 3 children is 29%.

Rent/House Payment/Mortgage..... \$ _____ Average Monthly Utilities.....\$ _____

Car Payment/Lease.....\$ _____ Monthly Food Costs.....\$ _____

Cable/Satellite.....\$ _____ Cell Phone.....\$ _____

Health Insurance: Not available

Available

Provider: _____ Cost per month: \$ _____

Assets:

Savings/Checking Accounts: \$_____, Bank Name: _____, Account Number _____

Real Property: _____

Vehicle, Motorcycle, RV, Trailer, Boat, Other Property: _____

Name of other party involved _____ Home/Cell number _____

Address _____ SSN _____

Email address _____

Employer _____ Employer's phone number _____

Employer's address _____

ONLINE

REASON FOR MODIFICATION REQUEST:

- CHANGE IN INCOME.** (Provide proof of income from all sources)
 - EMPLOYED:** My total GROSS MONTHLY income is \$ _____. You MUST provide at least 4 recent paystubs from all your current employers.
 - LACK OF INCOME:** Explain how you meet your financial needs. (If more space is needed, continue on the back of this page) _____

 - UNEMPLOYED:** I am presently unemployed and I am receiving unemployment insurance benefits from the state of _____ of \$ _____ per week. You MUST provide proof of unemployment benefits you are receiving.
 - SELF-EMPLOYED:** I am self-employed and my business GROSSES \$ _____ per year and NETS, after deduction of all legitimate BUSINESS expenses, \$ _____ per year. You MUST provide the last 2 years of income tax returns as well as a Profit/Loss Statement for the most recent quarter.
 - SOCIAL SECURITY INCOME:** I am receiving \$ _____ per month for my disability. You MUST provide proof of the type of benefit you receive and the monthly amount of your Social Security income. If children are eligible for auxiliary benefits, provide proof.
 - INABILITY TO WORK DUE TO ILLNESS OR INJURY:** You MUST provide your doctor's proof of your medical condition. If work related injury, provide proof of worker's compensation benefit information including adjuster's name.
 - RETIRED:** I am receiving \$ _____ per month for my retirement. You MUST provide proof of all retirement income you receive.
- CHANGE IN CIRCUMSTANCE:**
 - EMANCIPATION:** One or more children on my case have emancipated. (If the youngest child is turning 18 years of age within the next 6 months, we will not modify the order).
 - HEALTH INSURANCE:** (You MUST provide proof of health insurance coverage and cost associated to cover each person under the plan including self, self plus spouse, family and a dependent child only)
 - LEGALLY RESPONSIBLE TO SUPPORT ANOTHER MINOR CHILD/REN:** (You MUST provide proof of paternity for each additional child; A copy of birth certificate or a court order)
- INCARCERATED** (inmate number, facility and date of release) _____

- Other** (provide proof) _____

I understand that once the application is made, I CANNOT stop the process. I also understand that my existing order(s) may increase, decrease or remain the same and that medical insurance for the child(ren) will be considered in the modified order.

By signing and returning this application with all supporting documentation to 1900 E Flamingo Rd, Ste 100, Las Vegas NV 89119-5168, I am authorizing the District Attorney's Office to proceed with a review and adjustment of my order(s).

Sign _____ Date _____

Notice of Health Insurance Requirements

Pursuant to NRS125B.085, each child support order **MUST** contain a health insurance provision on behalf of the dependent child (ren). Normally, one parent is court ordered to provide health insurance through employment; however, both parents can be ordered to provide health insurance when applicable.

During the modification process, the current health insurance provision will be reviewed. If health insurance is not presently ordered, we will seek to modify the order to contain a health insurance provision for the dependent child (ren).

If you are currently providing health insurance on behalf of the dependent child (ren) and want us to consider having the other party share in the health insurance costs associated to covering the child (ren), you **MUST** provide our office with the following information:

- Proof of coverage and the type of coverage available
- A list of all persons covered under the plan (including self, spouse, and all dependent children)
- Cost associated to cover each person under the plan (including for self, self plus spouse, family and a dependent child only)

Note: The above information can be obtained through your employer's Human Resources Department or Health Insurance Administrator.

If our office does not receive the information noted above, the current health insurance provision will remain intact with no additional modification. Again, if no health insurance provision exists, we will seek to add it through the modification process. However, no additional steps will be taken to consider any costs associated to the coverage for the dependent child (ren).