

State of Connecticut Support Enforcement Services



Child Support Modification Request – Military Reservist

Please note the following:

- ❖ In order for Support Enforcement Services (SES) to proceed with your request, you must already have a case open with the State of Connecticut, Child Support IV-D Program. If you need to open a case, contact your local Department of Social Services, Bureau of Child Support Enforcement office.
- ❖ SES will review your court order per the Connecticut Child Support & Arrearage Guidelines and then refer the matter for a court hearing if the newly reviewed order is at least 15% different from your current child support order. Please keep in mind, the matter will be referred for a court hearing regardless of whether the review indicates an increase or decrease.
- ❖ If Connecticut has the authority to modify the exiting order, we will conduct a review and notify you of the outcome. If another state has the authority to modify your order, we will forward a request to that state and ask them to review the order.
- ❖ Support Enforcement Services and the Superior Court will need verification of the last 13 weeks of your income.

Your Name (Last, First, Middle initial):		
Address, City, State Zip:		
Telephone:	Social Security #:	E-mail address (Optional):
Your Employer's Name:		
Your Employer's Address:		Telephone:
Your Income: \$ _____ per _____		

Other Party's Name (Last, First, Middle initial):	
(If known, please provide information on the other party in this section.)	
Address, City, State Zip:	
Telephone:	Social Security #:
Employer's Name:	
Employer's Address:	Telephone:
Other Party's Income: \$ _____ per _____	

Please provide the name(s) of the child(ren) for your case: _____ What is your relationship to the child(ren): _____ Please provide the SES file number (if known): _____

Reason for modification request:
I am seeking a modification of my child support order because I will be on active military duty within the next <u>90 days.</u>

Please provide the following information: <input type="checkbox"/> Deployment Date: _____ <input type="checkbox"/> Military salary grade: _____ <input type="checkbox"/> Will your current employer be paying you while you serve? Y / N If yes, how much? _____

 Signature Print Name Date

Please return to: Central Processing Unit, 414 Chapel St, P.O. Box 9691, New Haven, CT 06536 or fax to CPU at (203) 624-3357