



SACRAMENTO COUNTY DEPARTMENT OF CHILD  
SUPPORT SERVICES  
PO BOX 269112  
SACRAMENTO CA 95826-9112



CSE Case Number:  
Custodial Party:  
Noncustodial Parent:  
Court Case Number:

Dear

This notice is to let you know about your right to have your child support order looked over to see if it can be changed. Your child support order may be increased or decreased if you have a change in employment, income, health insurance coverage, parenting time or custody, child care costs, or benefits.

You may ask us to look at the amount of your child support order in writing, by phone, or in person. Our office is located at the following address:

SACRAMENTO COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES  
PO BOX 269112, SACRAMENTO CA 95826-9112  
(866) 901-3212  
3701 POWER INN RD, SACRAMENTO CA 95826-4329

We must change your support order if 1) the amount of the child support order will increase or decrease by at least 20% or \$50, whichever is less, and the change is expected to last more than three months, or 2) health insurance coverage has become available. If your child support order can be changed, our office has 15 business days from the date we decide the new amount to file a motion or stipulation with the court.

Our office must help each party with changing the support order by explaining the process, giving information, and giving forms that must be completed and returned to us before we can look at your support order to see if it can be changed. However, we do not represent you, the other party, or the children in this case. We cannot give you legal advice.

Our office has 180 days to change the order or decide that the order should not be changed. The 180 days starts from the date we 1) find the other party or 2) get the current completed Judicial Council income and expense forms and all other requested paperwork from the person requesting the change. If your case is in another state, our office may send your request to that state to be looked at to see if a change can be made.

You have the right to file a motion to change your support order, order to show cause, or motion to set aside on your own behalf at any time. You may contact the Family Law Facilitator at or visit their office at 3341 POWER INN RD, SACRAMENTO CA 95826-3835 for assistance with this process.

Should you have problems in how your request to change your support order was handled, you can file a complaint by using the complaint resolution or state hearing processes. Please see page three of this letter for more information about the complaint resolution and state hearing process and the amount of time you have to file the complaint, and the phone numbers to call for help. You may also file for complaint resolution under CCR 115503(c)(9).

Pursuant to title 45, Code of Federal Regulations section 303.3, for all cases referred to a local child support agency or where an application for services has been received, the agency must attempt to locate all noncustodial parents or sources of income and/or assets when necessary for the next appropriate action. When applicable and appropriate to your case(s), the local child support agency will seek to obtain verification of Social Security Administration information through a data matching process.

If you have any questions or for more information, please visit CustomerConnect on the web, <https://www.cse.ca.gov/childsupport> for assistance on-line or call CustomerConnect at (866) 901-3212. Persons with hearing or speech impairments, please call the TTY number (866) 399-4096 or in writing at PO BOX 269112, SACRAMENTO CA 95826-9112.

Sincerely,

Child Support Representative

#### RIGHT TO COMPLAINT RESOLUTION:

- If you have a complaint against a local child support agency for any action or inaction regarding your child support case, you have the right to request complaint resolution from the local child support agency.
- You can make a complaint in writing by completing the Request for Complaint Resolution form (DCSS 0001), or you can call the local child support agency.
- **IMPORTANT: Your request for complaint resolution must be made within 90 days from the date you knew, or should have known, about the subject of your complaint.**
- The local child support agency has 30 days from the it receives your complaint to give you a written resolution of your complaint, unless the local child support agency needs more information or time to resolve your complaint. The local child support agency will contact you if it needs more information or time to resolve your complaint.

#### RIGHT TO A STATE HEARING:

- If the local child support agency **does not** respond to you within 30 days from receiving your complaint, you have the right to request a State Hearing before an Administrative Law Judge. **IMPORTANT: Your request for a State Hearing must be made within 90 days after you complained to the local child support agency.**
- If the local child support agency **does** respond to you within 30 days of making your complaint, and you are not satisfied with the local child support agency's complaint resolution or response, you have the right to request a State Hearing before an Administrative Law Judge. **IMPORTANT: Your request for State Hearing must be made within 90 days after you received the local child support agency's written response to your complaint.**
- You can request a State Hearing in writing by sending a Request for State Hearing form (DCSS 0007) to the State Hearing Office, or you can call the State Hearing Office toll free at 1-866-289-4714.
- The State Hearing Office will let you know the date, time, and place of your State Hearing.
- The State Hearing Office will provide an interpreter or disability accommodation for you at the hearing if you need one.
- **IMPORTANT: Not all complaints can be heard at a State Hearing.**

#### **State Hearings will only be granted for the following issues:**

- An application for child support has been denied or has not been acted upon within the required time frame.
- The child support services case has been acted upon in violation of federal or state law or regulations, or California Department of Child Support Services policy letter, including services for the establishment, modification, and enforcement of child support orders and child support accountings.
- Child support collections have not been distributed, or have been distributed or disbursed incorrectly, or the amount of child support arrears, as calculated by the local child support agency is inaccurate.
- The local child support agency's decision to close a child support case.

#### **IMPORTANT: The following issues cannot be heard at a State Hearing:**

- Child support issues that must be addressed by motion, order to show cause, or appeal in a court.
- A review of any court order for child support or child support arrears.
- A court order or equivalent determination of paternity.
- A court order for spousal support.
- Child custody determinations.
- Child visitation determinations.
- Complaints of alleged discourteous treatment by a local child support agency employee, unless such conduct resulted in a hearable action or inaction.

#### OMBUDSPERSON SERVICES:

- Every local child support agency has an Ombudsperson available to help you through the complaint resolution and/or State Hearing process.
- The Ombudsperson can help you obtain information regarding your complaint to help you prepare for your State Hearing.
- **IMPORTANT: The Ombudsperson cannot represent you at the State Hearing or give you legal advice.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):    TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 POWER INN RD MAILING ADDRESS: 3341 POWER INN RD CITY AND ZIP CODE: SACRAMENTO 95826-3835 BRANCH NAME: WILLIAM R. RIDGEWAY FAMILY RELATIONS COURTHOUSE	
PETITIONER/PLAINTIFF: COUNTY OF SACRAMENTO RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)     per month     per week     per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

**2. Age and education**

- a. My age is (specify):
- b. I have completed high school or the equivalent:     Yes     No    If no, highest grade completed (specify):
- c. Number of years of college completed (specify):     Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify):     Degree(s) obtained (specify):
- e. I have:     professional/occupational license(s) (specify):  
                vocational training (specify):

**3. Tax information**

- a.  I last filed taxes for tax year (specify year):
- b. My tax filing status is     single     head of household     married, filing separately  
                                    married, filing jointly with (specify name):
- c. I file state tax returns in     California     other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

**4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$  
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

\_\_\_\_\_ (TYPE OR PRINT NAME)



\_\_\_\_\_ (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: COUNTY OF SACRAMENTO RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- |  | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) .....   | \$ _____   | _____           |
| b. Overtime (gross, before taxes) .....  | \$ _____   | _____           |
| c. Commissions or bonuses .....  | \$ _____   | _____           |
| d. Public assistance (for example: TANF, SSI, GA/GR) or bonuses <input type="checkbox"/> currently receiving .....   | \$ _____   | _____           |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage .....  | \$ _____   | _____           |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....                    | \$ _____   | _____           |
| g. Pension/retirement fund payments .....  | \$ _____   | _____           |
| h. Social security retirement (not SSI) .....  | \$ _____   | _____           |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance ..... | \$ _____   | _____           |
| j. Unemployment compensation .....   | \$ _____   | _____           |
| k. Workers' compensation .....   | \$ _____   | _____           |
| l. Other (military BAQ, royalty payments, etc.) (specify): .....   | \$ _____   | _____           |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- |                                 |          |       |
|---------------------------------|----------|-------|
| a. Dividends/interest .....     | \$ _____ | _____ |
| b. Rental property income ..... | \$ _____ | _____ |
| c. Trust income .....           | \$ _____ | _____ |
| d. Other (specify): .....       | \$ _____ | _____ |

7. **Income from self-employment, after business expenses for all businesses** .....
- I am the  owner/sole proprietor  business partner  other (specify):
- Number of years in this business (specify):
- Name of business (specify):
- Type of business (specify):

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.**

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**
- |   | Last month |
|---|------------|
| a. Required union dues .....  | \$ _____   |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA) .....                                 | \$ _____   |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....                    | \$ _____   |
| d. Child support that I pay for children from other relationships .....   | \$ _____   |
| e. Spousal support that I pay by court order from a different marriage .....                                      | \$ _____   |
| f. Partner support that I pay by court order from a different domestic partnership .....                          | \$ _____   |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") ..... | \$ _____   |

11. **Assets**
- |   | Total    |
|---|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....  | \$ _____ |
| b. Stocks, bonds, and other assets I could easily sell .....  | \$ _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) ..... | \$ _____ |

PETITIONER/PLAINTIFF: COUNTY OF SACRAMENTO RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses     Estimated expenses     Actual expenses     Proposed needs

- |  |   |
|--|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes ..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) ..... \$ _____</p> <p>(4) Maintenance and repair ..... \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care ..... \$ _____</p> <p>d. Groceries and household supplies ..... \$ _____</p> <p>e. Eating out ..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) ..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail ..... \$ _____</p> | <p>h. Laundry and cleaning ..... \$ _____</p> <p>i. Clothes ..... \$ _____</p> <p>j. Education ..... \$ _____</p> <p>k. Entertainment, gifts, and vacation ..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) ..... \$ _____</p> <p>n. Savings and investments ..... \$ _____</p> <p>o. Charitable contributions ..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) .. \$ _____</p> <p>q. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|--|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ \_\_\_\_\_
- b. The source of this money was (specify): \_\_\_\_\_
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ \_\_\_\_\_
- d. My attorney's hourly rate is (specify): \$ \_\_\_\_\_

I confirm this fee arrangement.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: COUNTY OF SACRAMENTO RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**

**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
  
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expenses for the children in this case**

	Amount per month
a. Child care so I can work or get job training. ....	\$ _____
b. Children's health care not covered by insurance .....	\$ _____
c. Travel expenses for visitation .....	\$ _____
d. Children's educational or other special needs <i>(specify below)</i> : .....	\$ _____

**19. Special hardships.** I ask the court to consider the following special financial circumstances  
*(attach documentation of any item listed here, including court orders):*

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b. ....	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss) .....	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me .....	\$ _____	_____
(2) Names and ages of those children <i>(specify)</i> :		

(3) Child support I receive for those children. .... \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**