

ADMINISTRATIVE ADJUSTMENT REVIEW REQUEST

Please read this information, complete the bottom portion of the form and return to: **Franklin County Child Support Enforcement Agency (FCCSEA), 80 East Fulton Street, Columbus, Ohio 43215.**

1. The FCCSEA **does not represent either party** with regards to an administrative adjustment review.
2. There is a possibility that the administrative adjustment review will result in an **increase, decrease or no change** in the support order.
3. One of the parties to the order must reside in the State of Ohio.
4. If the order was established or modified within the past **three (3) years**, a review cannot take place unless one of the following conditions is met (**attach verification**):
 - a. Either party has encountered a 30% change in gross income or income producing assets for at least six (6) months, which is beyond their control and can reasonably be expected to continue an extended period of time.
 - b. The last time child support was set, it was set at a minimum amount due to the obligor's unemployment or underemployment and he/she is now employed or has obtained more gainful employment.
 - c. Either party has experienced a loss of employment for at least six (6) months, which is beyond their control, and which can reasonably be expected to continue for an extended period of time.
 - d. Either party becomes permanently disabled reducing their earnings ability. (Medical verification is required.)
 - e. The obligor cannot pay support for the duration of the child's minority because of institutionalization or incarceration with no chance of release and no income or assets are available for the support.
 - f. If one or more of the children have been deleted from the order because of emancipation or other reasons.
 - g. In order to access health insurance or improved health insurance for the child(ren), regardless of whether an adjustment in the amount of support ordered is necessary.
 - h. If the current support award was established as a rebuttal of the guideline amount and the requestor can show a change in circumstances which resulted in the original rebuttal of the guideline amount.
5. I understand that the full cooperation of both parties is essential and both parties will be required to furnish documented proof of income, assets, liabilities, health insurance and child care expenses. I acknowledge that the other party in this matter will receive notification of this request. If cooperation is not received the FCCSEA is empowered by law to make reasonable assumptions concerning the requested information and to make recommendations without the requested information or to subpoena either parties employer to furnish employment information.
6. I understand that the review is not conducted in my presence or the presence of the other party, and that the results will be forwarded to both parties via regular mail.
7. I understand an administrative hearing can be requested, if either party disagrees with the results of the administrative adjustment review.
8. I understand that this is an administrative not a judicial process.

(Please Print)

Case Number: _____ Order Number: _____
Payor's Name: _____ SSN: _____
Address: _____ Home Phone: _____
City, State, Zip: _____ Work Phone: _____
Child's Name: _____ SSN: _____ Date of Birth: _____
Child's Name: _____ SSN: _____ Date of Birth: _____
Child's Name: _____ SSN: _____ Date of Birth: _____
Payee's Name: _____ SSN: _____
Address: _____ Home Phone: _____
City, State, Zip: _____ Work Phone: _____
Do you have any pending legal action? No ___ Yes ___
If yes, please describe: _____

I swear or affirm that the information furnished in this form is true and correct to the best of my knowledge and that I have read and understood the information provided in paragraphs 1-8.

Requestor's Signature: _____ Date: _____