

**OTSEGO COUNTY FRIEND OF THE COURT  
SUPPORT REVIEW REQUEST FORM**

Case No. \_\_\_\_\_

**Please Print Clearly**

Your Name: \_\_\_\_\_ Current Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Daytime and/or Cell Number: \_\_\_\_\_ SSN: \_\_\_\_\_

The Friend of the Court will review child support orders automatically once every 36 months if the child or the custodial parent is receiving public assistance. In other cases, the Friend of the Court will conduct a statutory review on written request of a party, but not more often than once every 36 months, unless a party proves a substantial change of circumstances. A modification of support based upon a statutory review will become effective the date the judge signs the Uniform Support Order. For the party who wishes to have the modification of support become effective the date the request for a review was made should file a court motion requesting the change. Form motions are available from the Friend of the Court.

**Check the box that applies:**

I am requesting a statutory review of support.

I am requesting a review of support because of the following specific/substantial change of circumstance :

(Attach documentation as it pertains to your change in circumstance such as a current pay stub, social security disability/SSI benefit award/change related to a party or a child, letter from physician/mental health professional regarding inability to work due to lengthy illness, proof of significant medical expenses or changes in the physical, mental or educational needs of the child, proof of income reduction related to active military duty to last at least six months, receipt of unemployment, worker's compensation or receipt of public assistance, temporary or permanent changes in the physical custody of a child the court has not ordered.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_