

# Forest County

## Child Support Agency

Courthouse  
200 E Madison St  
Crandon, WI 54520

TEL: 715/478-2157  
FAX: 715/478-7717  
TDD: 800/947-3529

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### NOTICE OF RIGHT TO REQUEST A REVIEW OF YOUR CHILD SUPPORT ORDER DUE TO INCARCERATION

Federal law requires Child Support Agencies (CSAs) to review, and if appropriate, adjust child support orders when either parent has experienced a substantial change in financial circumstances.

The state has received information that the payer in this child support case is incarcerated. If the child support payer will be incarcerated for a period of more than 180 days, (6) months, either parent may contact the Child Support Agency to request a review of the child support order.

The Child Support Agency will review the paying parent's income and assets to determine the payer's current ability to pay the amount ordered. If the payer no longer has the ability to pay, the CSA will determine whether it will ask the court to modify the order. To request a review, either parent may complete the information below and forward it to the child support agency responsible for the case.

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**Name of Custodial Parent:** \_\_\_\_\_

**Name of Incarcerated Parent:** \_\_\_\_\_

**Date of Incarceration:** \_\_\_\_\_

**Facility Name Where Incarcerated:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Sentence Start Date:** \_\_\_\_\_

**Total Years Sentenced:** \_\_\_\_\_

**Anticipated Release Date:** \_\_\_\_\_

I am requesting a review. I agree to fully cooperate with this review by completing the appropriate forms and providing the required information.

I am the incarcerated parent (choose one): Yes  No

**Child Support Case Number or PIN:** \_\_\_\_\_

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

Print Name: \_\_\_\_\_