

Changing a Child Support Order in Your State

! The information below applies only to Colorado

1. How can I find out if I have a “IV-D” child support case in this state?

Contact the county where the case is located (see #2 for contact information).

2. How can I contact my child support agency?

The Colorado state website is located at: <https://childsupport.state.co.us/siteuser/do/vfs/Frag?file=/cm:home.jsp>

Colorado’s child support program is managed at the county level. Questions pertaining to child support should be addressed to the county. Each county’s contact information is included at the end of this document.

3. If I am incarcerated, are there any barriers to having my order changed?

No.

4. Do you provide any materials online that I can use to ask for a change to my child support order?

Yes, however if someone does not have online access to these forms, he/she should send a written request for modification along with financial information and the child support agency will send hard copies of the forms. The “Review and Adjustment Request for Review” from, <https://childsupport.state.co.us/siteuser/do/general/promptReviewAndAdjustmentForm> and the “Income and Expense Affidavit,” https://childsupport.state.co.us/siteuser/do/vfs/Read?file=/cm:Forms/cm:Web_CSE102.pdf, are both available in the “Parent Section” of the Colorado Child Support Website. Both can be obtained at <https://childsupport.state.co.us/siteuser/do/vfs/Frag?file=/cm:changinganOrder.jsp&pageID=parent>

5. Do you have any printed materials I could read to learn more about child support for parents who are incarcerated?

No.

6. When can I ask to have my order changed?

Colorado law (C.R.S. 26-13-121(b)) allows parents to request a review of their child support order every three years. If the order is less than three years old, parents may still request a review if the requesting parent provides justification that the change in his/her circumstances is “substantial and continuing”. The legal standard for allowing a modification of an order is demonstrating a “substantial change in circumstances”, which is quantified as a 10% variance in the child support order.

7. How do I request the change?

Parents must submit a request in writing to his/her child support caseworker. Once that is done, the child support agency will take steps to gather the necessary information to move forward with the modification process. This requires the parents to submit additional financial and other information to determine if a modification of the child support order is appropriate. These additional forms may also be submitted with the initial written request for modification and can be obtained online at <https://childsupport.state.co.us/siteuser/do/vfs/Frag?file=/cm:changinganOrder.jsp&pageID=parent>

Changing a Child Support Order in Your State

8. What is the process after I've asked to have my order changed, and how long does it take?

Once the child support office receives a written request for modification, the case is reviewed to determine if the order is at least 3 years old and whether Colorado is the right place to modify the order. If those criteria are met, the parties are sent additional forms to gather the necessary information to determine if the order amount will be adjusted. This process may take up to 6 months to complete.

9. Is this process different if the other parent agrees to the change in advance?

If both parents stipulate to an agreement, the Colorado statute does not require a hearing, however the court will review the order to ensure compliance with the child support guidelines before issuing the modified order.

10. Does it cost anything to try to have my order changed?

If the case is part of the IV-D system, there are no costs associated with requesting a modification.

11. If I am incarcerated, do I need to do anything else to have my order changed?

No.

12. If I am incarcerated, does my state have any programs to help me with child support?

Yes. Colorado child support has collaborated with state-level probation and parole to provide direct access to important child support order and case information for officers. This information is used during court hearings to ensure that probationers/parolees are complying with their child support obligations.

13. Can I get help with child support questions from other sources?

Numerous fatherhood groups that provide assistance.

14. Is there anything else I should know about trying to change my order?

No.



The federal Office of Child Support Enforcement prepared this guide; however, your local child support agency can provide the most current information. This guide does not have any binding legal authority and does not constitute legal advice. You may wish to consult a lawyer before using the forms or information provided.



Changing a Child Support Order in Your State

County Child Support Offices

Adams County

7190 Colorado Blvd
Commerce City, CO 80022

303.227.2233
303.227.2239 (fax)

Alamosa County

8900 Independence Way, Bldg C.
PO Box 1310
Alamosa, CO 81101

719.589.2581
719.589.9794 (fax)

Arapahoe County

14980 E Alameda Drive, Suite 38
Aurora, CO 80810

303.752.8900
303.752.8901 (fax)

Archuleta County

551 Hot Springs Blvd
PO Box 240
Pagosa Springs, CO 81147

970.264.2182
970.264.2186 (fax)

Baca County

772 Colorado Street
Springfield, CO 81073

719.523.4131
719.523.4820 (fax)

Bent County

215 Second Street
Las Animas, CO 81054

719.456.2620
719.456.2945 (fax)

Boulder County

529 Coffman St., Suite 190
Longmont, CO 80501

303.678.6300
303.678.6309 (fax)

Broomfield County

6 Garden Center
Broomfield, CO 80020

720.887.2261
720.294.9677 (fax)

Chaffee County

448 E First St
PO Box 1007
Salida CO 81201

719.539.6627
719.530.2550 (fax)

Cheyenne County

560 West 6th North
PO Box 146
Cheyenne Wells, CO 80810

719.767.5629
719.767.5101 (fax)

Clear Creek County

3500 Illinois St., Suite 1300
Golden, CO 80401

303.271.4300
303.271.4300 (fax)

Conejos County

12989 County Road G5
PO Box 68
Conejos, CO 81129

719.376.5455
719.376.5455 (fax)

Costilla County

123 Gasper St.
PO Box 249
San Luis, CO 81152

719.672.4131
719.672.4141 (fax)

Crowley County

631 Main Street
Suite 100
Ordway, CO 81063

719.267.3546
719.267.5296 (fax)

Custer County

205 S 6th St., Courthouse
PO Box 929
Westcliffe, CO 81252

719.783.2371
719.783.9085 (fax)

Delta County

560 Dodge St., Courthouse Annex
PO Box 290
Delta, CO 81416-0290

970.874.2063
970.874.2069 (fax)

Denver County

1200 Federal Blvd.
Denver, CO 80204

720.944.2960
720.944.2660 (fax)

Dolores County

409 N. Main, Courthouse
PO Box 485
Dove Creek, CO 81324

970.677.2240
970.677.2859 (fax)

Douglas County

4000 Justice Way, Suite 3538
Castle Rock, CO 80109

303.814.7145
303.374.2971 (fax)

Eagle County

551 Broadway St., PO Box 660
Eagle, CO 81631

970.328.8840
970.328.8785 (fax)

Elbert County

214 Comanche St.
PO Box 924
Kiowa, CO 80117-0924

303.621.3203
303.621.0122 (fax)

Changing a Child Support Order in Your State

El Paso County

30 E Pikes Peak Ave., Suite 203
Colorado Springs, CO 80903

719.457.6331
719.457.6340 (fax)

Fremont County

172 Justice Center Rd
Canon City, CO 81212

719.275.2318
719.269.2339 (fax)

Garfield County

195 W 14th St.
Rifle, CO 81650

970.625.5282
970.928.0465 (fax)

Gilpin County

3500 Illinois St., Suite 1300
Golden, CO 80401

303.271.4300
303.271.4300 (fax)

Grand County

620 Hemlock
PO Box 204
Hot Sulphur Springs, CO 80451

970.725.3331
970.725.3696 (fax)

Gunnison County

225 N Pine St., #A
Gunnison, CO 81230

970.641.3244
970.641.3738 (fax)

Hinsdale County

225 N Pine St., #A
Gunnison, CO 81230

970.641.3244
970.641.3738 (fax)

Huerfano County

121 W. 6th St.
Walsenburg, CO 81089

719.738.2810
719.738.2549 (fax)

Jackson County

620 Hemlock
PO Box 204
Hot Sulphur Springs, CO 80451

970.725.3331
970.725.3696 (fax)

Jefferson County

3500 Illinois St., Suite 1300
Golden, CO 80401

303.271.4300
303.271.4300 (fax)

Kiowa County

1307 Main St.
PO Box 187
Eads, CO 81036

719.438.5541
719.438.5370 (fax)

Kit Carson County

252 S. 14th St.
PO Box 70
Burlington, CO 80807

719.346.8732
719.346.8066 (fax)

Lake County

112 ½ W 5th St.
PO Box 884
Leadville, CO 80461

719.486.1673
719.486.4164 (fax)

La Plata County

1060 E Second Ave.
Durango, CO 81301

970.382.6144
970.385.5269 (fax)

Larimer County

1501 Blue Spruce Dr.
Fort Collins, CO 80524

970.498.7600
970.498.7605 (fax)

Las Animas County

204 S. Chestnut St.
Trinidad, CO 81082

719.846.2276
719.846.4269 (fax)

Lincoln County

103 3rd Avenue
PO Box 37
Hugo, CO 80821

719.743.2404
719.743.2879 (fax)

Logan County

508 S. 10th Ave., #2
PO Box 1746
Sterling, CO 80751

970.522.2194
970.521.0853 (fax)

Mesa County

510 29 ½ Rd.
PO Box 20000
Grand Junction, CO 81502-5035

970.248.2780
970.248.2883 (fax)

Mineral County

1015 6th St.
PO Box 40
Del Norte, CO 81132

719.657.3381
719.657.4013 (fax)

Moffat County

595 Breeze St.
Craig, CO 81625

970.824.8282
970.824.9552 (fax)

Changing a Child Support Order in Your State

Montezuma County

109 W Main St. #203 Courthouse
Cortez, CO 81321-3179

970.565.3769
970.565.0172 (fax)

Montrose County

1200 N Grand Ave., #C
Montrose, CO 81401

970.252.4200
970.252.4210 (fax)

Morgan County

800 E Beaver Ave.
PO Box 220
Fort Morgan, CO 80701

970.542.3530
970.542.3415 (fax)

Otero County

215 Raton
PO Box 494
La Junta, CO 81050

719.383.3100
719.383.3102 (fax)

Ouray County

1200 N Grand Ave., #C
Montrose, CO 81401

970.252.4200
970.252.4210 (fax)

Park County

59865 U.S. Highway 285
PO Box 1193
Bailey, CO 80421

303.816.5934

Phillips County

127 E Denver, Suite A
Holyoke, CO 80734

970.854.2280
970.854.3637 (fax)

Pitkin County

195 W 14th St.
Rifle, CO 81650

970.625.5282
970.928.0465 (fax)

Prowers County

1001 S Main
PO Box 1157
Lamar, CO 81052

719.336.7486
719.336.7198 (fax)

Pueblo County

212 W 12th St.
Pueblo, CO 81003

719.583.6160
719.583.6946 (fax)

Rio Blanco County

345 Market St.
Meeker, CO 81641

970.878.9640
970.878.4893 (fax)

Rio Grande County

1015 6th St.
PO Box 40
Del Norte, CO 81132

719.657.3381
719.657.2997 (fax)

Routt County

135 6th St.
PO Box 772790
Steamboat Springs, CO 80477

970.870.5533
970.870.5260 (fax)

Saguache County

605 Christy Ave.
PO Box 215
Saguache, CO 81149

719.655.2537
719.655.0206 (fax)

San Juan County

1060 E Second Ave.
Durango, CO 81301

970.382.6144
970.385.5269 (fax)

San Miguel County

1200 N Grand Ave., #C
Montrose, CO 81401

970.252.4200
970.252.4210 (fax)

Sedgwick County

118 W 3rd St.
PO Box 27
Julesburg, CO 80737

970.474.3397
970.474.9881 (fax)

Summit County

PO Box 869
360 Peak One Dr., Suite 230
Frisco, CO 80443

970.668.9160
970.668.4114 (fax)

Teller County

740 E Hwy 24
PO Box 6688
Woodland Park, CO 80866

719.686.5515
719.686.8985 (fax)

Washington County

126 W 5th St.
PO Box 395
Akron, CO 80720

970.345.2238
970.345.2237 (fax)

Weld County

315 N 11th Ave.
PO Box A
Greeley, CO 80632

970.352.6933
970.346.7663 (fax)

Changing a Child Support Order in Your State

Yuma County

340 S Birch
Wray, CO 80758

970.332.4877

970.332.4978 (fax)

Colorado The Official State Child Support Services Portal


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Changing an Order

Either party may ask for a review of their child support order. Your reason for a review must relate to a substantial and continuing change in circumstances. The order may not be changed unless: The dollar amount of the order changes by 10% or more, OR Medical support is not ordered or has changed.

Reasons to request a review may include the following:

- One of the children has emancipated;
- You or the other parent have had a change in income;
- There has been a change in the cost of raising a child (i.e. healthcare costs or day-care expenses);
- The number of overnight visits the children have with the other parent has changed; It has been three (3) years since your last review.

The request must be in writing, signed, and submitted to the county Child Support Enforcement (CSE) Unit that is handling your case. The request must also include an Income and Expense Affidavit with supporting documentation. Both the request for review and Income and Expense Affidavit are necessary to start a review of your child support order (see links below).

The request should give a reason for the change. If the reason arises from a change in the requester's circumstances, include supporting information.

A review may result in the ordered amount going up, going down, or staying the same. The review uses the current income of both parties and expenses for the children. The Colorado Child Support Guidelines are used.

Reviewing and changing an order may take up to 6 months.

[Review And Adjustment Request for Review](#)

[Income and Expense Affidavit](#)

You may not request a review if you do not have an open case with a child support office. See [Starting a Case](#) if you would like to apply for services.

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Review and Adjustment Request

New User Registration:
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You must have an open IV-D case with a Colorado Delegate Child Support Enforcement (CSE) Unit in order for our program to conduct the Review.

Please complete both the [Income and Expense Affidavit](#) and the Review and Adjustment Request for Review (see below) to process your request for possible modification of your child support order. Mail both completed forms to the county Child Support Enforcement (CSE) Unit handling your case.

First Name *

Last Name *

Social Security No. - - *

Note: The provision of your social security number is voluntary. However, if you fail to provide your social security number, we will not be able to process your request. Social security numbers are used by the Division of Child Support to locate individuals for the purposes of establishing paternity, establishing support obligations, modifying and enforcing child support obligations and distributions of child support payments.

CO IV-D Case No. *

eMail Address

Address Line 1 *

Address Line 2

City *

State

Zip Code - *

Country

Home Phone - - *

Work Phone - -

Reason: *

* - **Required** (Mail to the address provided on the form.)

Notes:

- Either parent may ask Child Support Enforcement (CSE) to review their child support order for possible modification. If your order was reviewed or entered in the last three years, your request must show written evidence that a substantial change of circumstances has occurred. CSE will notify both parents every three years of their right to request a review.
- If you are requesting a review because there has been a significant change in circumstances, please include documents supporting the change if possible, for example: pay stubs, childcare statements, etc.
- Once the CSE office begins the review, we will complete the process as long as our agency has an open child support case with either parent.
- A review could result in an upward or a downward modification or may indicate that no change is warranted, or may change to include or modify medical coverage.
- If the child support amount is adjusted, the order will be effective from the date the order is signed by the parties or the court, or the date the request is filed with the court.

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AFFIDAVIT WITH RESPECT TO CHILD SUPPORT

INSTRUCTIONS:

PLEASE PRINT IN INK OR TYPE. COMPLETE EACH QUESTION WITH A CHECK MARK OR AN **X** IN THE BOX PROVIDED OR ENTER THE INFORMATION REQUESTED. IF YOU HAVE NO KNOWLEDGE OF THE INFORMATION REQUESTED, ENTER "DON'T KNOW." **DO NOT** LEAVE ANY QUESTIONS UNANSWERED, EXCEPT AS INSTRUCTED. IF ANY INFORMATION CHANGES AFTER THE AFFIDAVIT IS COMPLETE, NOTIFY THE CHILD SUPPORT ENFORCEMENT (CSE) UNIT OF THE CHANGES. ATTACH REQUESTED DOCUMENTS OR PROOF.

YOUR PERSONAL DATA

Name (First, Middle, Last): _____
Social Security Number: _____ Date of Birth: _____
Address: _____
City, State Zip: _____
Phone Number: _____

Provision of your social security number is mandatory pursuant to 42 U.S.C. 666(a)(13). Social security numbers are used by the Division of Child Support Enforcement to locate individuals for the purposes of establishing paternity, establishing support obligations, modifying and enforcing child support obligations and distribution of child support payments. If you do not have a social security number, the Division will not deny your request for assistance.

YOUR PRIMARY EMPLOYMENT

____ Attached are **IRS Tax returns for the last 3 years.**
____ Attached are pay statements for the last three months.
____ If self-employed, attached are personal and business income tax returns, including all schedules and forms (especially Form K-1, Form 1065, Form 1120S, or Form 1120C) for the last three tax years.
____ If self-employed, attached are income and expense balance sheets for each month since last business tax return filed.

Current/Previous [Employer] [Business]: _____

Address: _____
City, State Zip: _____
Phone Number: _____
Date Employment (Business) began: _____
Current Position began on: _____
Hours worked each week: _____ Hourly wage \$ _____ Salary \$ _____
How often do you get paid? ___ weekly ___ every 2 weeks ___ twice a month ___ monthly

Monthly Gross Income: \$ _____
 Bonus: \$ _____ Frequency: _____
 Tips: \$ _____ Frequency: _____
 Commission: \$ _____ Frequency: _____

Overtime is \$ _____ per hour. Frequency (weekly, monthly, every 2 weeks): _____
 _____ Overtime is not available. _____ Overtime is required.

Year to date Total Gross Income: \$ _____

If unemployed, what date did you last work? _____

I am unemployed due to _____ disability _____ involuntary layoff at work _____ other. Please Explain: _____

Are you receiving unemployment compensation? Check one: _____ Yes _____ No

- If you are unemployed due to disability, please attach documentation of your disability and/or disability insurance or Social Security benefit.
- If you are receiving unemployment compensation, please attach documentation of the weekly benefit.

_____ I am a full time student. Expected graduation date: _____ (Attach proof of status).

_____ I am incarcerated. Attach proof of expected release date and/or parole date.

DOC Number: _____

My inmate average monthly account balance is \$ _____

INCOME FROM OTHER SOURCES

Information which may affect my monthly income status. Check all that apply.

SOURCE	MONTHLY AMOUNT	EFFECTIVE DATE
Maintenance (Spousal Support)	\$	
Interest, Dividends	\$	
Pension Income (Retirement)	\$	
Rental Income	\$	
Social Security Disability	\$	
Social Security Retirement	\$	
Social Security Survivors	\$	
Supplemental Security Income	\$	
Aid to the Needy and Disabled	\$	
Public Assistance (TANF)	\$	
Unemployment Compensation	\$	
Veterans Benefits	\$	
Workers Compensation	\$	
Private Disability Insurance	\$	
Other:	\$	

PARENTING TIME

The child(ren) born or adopted of this marriage/relationship reside primarily with _____ me _____ the other parent. Number of overnights with me _____ the other parent _____

DAYCARE

Is/Are the child(ren) born or adopted of this marriage/relationship in daycare while one or both parents work? _____yes _____no

The charge for such daycare is \$ _____ per _____ hour _____ week _____ month.

If hourly, the child(ren) are in daycare _____ hours per week.

The average monthly cost for daycare is \$ _____

Work-related daycare expenses are paid by _____me _____the other parent _____both _____other person.

I personally pay \$ _____ or _____%

The other parent pays \$ _____ or _____%

Other person pays \$ _____ or _____%

Daycare assistance \$ _____ or _____%

Education related daycare expenses are \$ _____ per hour _____ per week.

Education related daycare expenses are paid by _____me _____the other parent _____both _____other person.

I personally pay \$ _____ or _____%

The other parent pays \$ _____ or _____%

Other person pays \$ _____ or _____%

Daycare assistance \$ _____ or _____%

_____Attached is proof of current daycare enrollment.

_____Attached is proof of payment of daycare for the school year and summer months.

_____Attached is a summary of yearly daycare expenses.

HEALTH INSURANCE INFORMATION

Includes: Medical, Dental and Vision

Health insurance _____is _____is not maintained for the child(ren) born or adopted of this marriage/relationship.

I pay \$ _____ as a monthly cost to cover only the child(ren) of this action on my health insurance.

Name of Insurance Company: _____

Address: _____

Telephone Number: _____

Group Number: _____

Policy Number: _____

Name(s) of all Individual(s) _____
covered: _____

Effective Date of Coverage: _____

If the child(ren) are not covered the monthly cost to add the child(ren) of this action would be \$ _____.

OTHER DEDUCTIONS

The child(ren) born/adopted during this marriage/relationship have uninsured health expenses in excess of \$250.00 per year. ___yes ___no

The cost of such expense on a routine basis per single illness or condition is \$_____ per month.

Explain: _____

Attach documentation.

The child(ren) have extraordinary needs, which require payment on a monthly basis. Explain the needs and itemize the cost of them on a monthly basis: _____

Attach documentation.

OTHER SUPPORT ORDERS

I pay Maintenance (spousal support) to a former spouse in the amount of \$_____ per month (Attach a copy of the order and proof of payments)

I pay child support for a child(ren) not of this marriage/relationship, in the amount of \$_____ (Attach copy of order and proof of payment).

I am legally responsible for child(ren) not of this relationship who currently reside with me. ___yes ___no

If yes, list the child(ren) name(s) and date of birth and attach birth certificate(s) and proof of residence (i.e., school records).

NAME (First, Middle, Last)

Date of birth

<u>NAME (First, Middle, Last)</u>	<u>Date of birth</u>

IF YOU FAIL TO HAVE THIS FORM NOTARIZED AND/OR FAIL TO PROVIDE DOCUMENTATION, YOUR CASE PROCESSING COULD BE DELAYED.

I declare under penalty of perjury that I have completed this affidavit and the statements contained herein are true and correct.

Name

Date

Sworn to before me in the County of _____, State of _____, this _____ day of _____, _____.

My Commission expires: _____.

Notary Public

[SEAL]