



Office of the Prosecuting Attorney

Karen E. Richards
Prosecuting Attorney

Second Floor Keystone Building
602 South Calhoun Street
Fort Wayne, IN 46802-1700

Phone (260) 449-7136
Fax (260) 449-4072

In order for this office to process your request, it is necessary for us to obtain some information about your employment, finances and expenses.

Please be advised that this office represents only the State of Indiana and does not represent or give legal advice to either party in a child support matter. Your request for a modification does not create any type of attorney/client relationship between you and this office.

Please be advised that if we determine, after our review of your information and the non-requesting party's information, that the child support should be decreased, we will file a petition for a downward modification.

Attached is a Financial Statement relating to your employment and financial information. Please provide us with the requested documentation in order to have your request processed. **Custodial Parents will fill out Sections A and C, and non-custodial parents will fill out all three sections.** If all of the necessary sections are not completed, your request for a modification will be denied.

Upon receipt of this completed information, we will contact the non-requesting party and obtain the necessary information regarding income and circumstances. When that is received, we will then begin the review process of your child support using the Indiana Child Support Guideline worksheet and advise you of the results. Please allow 90 days from the time you return the information to us for such a review to take place.

If you have multiple cases and would like a modification on all of your cases, you will need to complete a financial statement for each case.

Please be advised that the Court may only modify child support if one of the following conditions exists. It has been more than one year since the order was entered and the new amount is at least 20% different from the old amount. The second condition is that there has been a substantial and continuing change of circumstances that makes the prior order unreasonable.



FINANCIAL STATEMENT

State Form 51798 (6-04) / CSB 0011

* The request for your Social Security number is **MANDATORY** and the information contained on this form is **CONFIDENTIAL** according to 45 CFR 303.21 and 45 CFR 303.70.

SECTION A: FOR CUSTODIAL PERSON AND NON-CUSTODIAL PARENT

Date (month, day, year)	Case number
-------------------------	-------------

Name	Social Security number *	Telephone number ()
------	--------------------------	-------------------------

Mailing address (number and street, city, state, ZIP code)

Residence address (number and street, city, state, ZIP code)

County

Number of dependents in this case:

LIST BELOW PERSONS LIVING WITH YOU FOR WHOM YOU ARE LEGALLY RESPONSIBLE

NAME	DATE OF BIRTH	RELATIONSHIP

OTHER PERSONS PRESENTLY SUPPORTED BY YOU UNDER AND COURT OR ADMINISTRATIVE ORDER:

NAME	ADDRESS	RELATIONSHIP	DOB	AMT. OF SUPPORT	PAYMENT FREQ.	TYPE OF OBLIGOR.

Spousal support if received. Date of order (month, day, year) and name of court.

Amount: Per: _____ To / From: _____

CURRENT EMPLOYER

Current gross monthly income \$	Type	Frequency \$ _____ per _____	Occupation	Total income over last 12 months \$
------------------------------------	------	---------------------------------	------------	--

Employer / income	Telephone number ()	State date (month, day, year)
-------------------	-------------------------	-------------------------------

Address of employer (number and street, city, state, ZIP code)

SECTION A: FOR CUSTODIAL PERSON AND NON-CUSTODIAL PARENT (continued)

OTHER - EMPLOYER / INCOME (for second job, etc.)

Gross monthly income \$	Type	Frequency \$ _____ per _____	Occupation	Total income over last 12 months \$
Employer / income			Telephone number ()	State date (month, day, year)

Address of employer (number and street, city, state, ZIP code)

PREVIOUS EMPLOYER

Name of employer	Average weekly salary \$
------------------	-----------------------------

Address of employer (number and street, city, state, ZIP code)

AMOUNT RECEIVED PER MONTH

INCOME: List all other sources on a monthly basis.

Disability:	\$
Unemployment:	\$
Retirement:	\$
Social Security:	\$
VA Benefits:	\$
Trust Fund or Annuity:	\$
TANF:	\$
Workman's Compensation	\$
Other:	\$
TOTAL INCOME:	\$

List extraordinary expenses for children. Dental and Medical Care not covered by insurance:

CREDITOR	NAME OF CHILD	ITEM	EXPENSE DATE	MONTHLY PAYMENT	UNPAID BALANCE
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Child Care Information:

PROVIDER	NAME OF CHILD	AMOUNT PAID	FREQUENCY
		\$	
		\$	
		\$	
		\$	

SECTION A: FOR CUSTODIAL PERSON AND NON-CUSTODIAL PARENT (continued)

Health Insurance:

1. Is health insurance available at your place of employment?

Yes No

2. Do you have a health insurance policy? If yes, state the beginning date for dependent coverage:

Yes No

Policy number

Type of coverage

Name of insurance company

Name(s) of person(s) covered:

3. Is health insurance available through other groups or organization or your union?

Yes No

If yes, what group?

SECTION B: FOR NON-CUSTODIAL PARENT ONLY

PROPERTY AND RESOURCES:

1. Do you own in whole or part of the following? (Please indicate how much, if partially owned.)

Real Estate:

(Land or Building)

Yes No

Fair Market Price:

Location:

\$ _____

\$ _____

Amount owed on property:

Mortgages:

Is property

Amount of profit

\$ _____ income

per year:

\$ _____ producing

\$ _____ Yes No

\$ _____

Amount owed on property:

Mortgages:

Is property

Amount of profit

\$ _____ income

per year:

\$ _____ producing

\$ _____ Yes No

\$ _____

2. Motor vehicles, campers, boats and farm equipment:

YEAR, MAKE, AND MODEL	LICENSE NUMBER	AMOUNT OWED	LIEN HOLDER

3. Other assets? (explain)

Yes No

4. To whom do you pay utilities?

ELECTRIC	GAS	TELEPHONE	SEWER

SECTION B: FOR NON-CUSTODIAL PARENT ONLY (continued)

PROPERTY AND RESOURCES (continued):

5. Bank accounts? (explain)

Yes No

NAME AND LOCATION OF BANK OR CREDIT UNION	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE
	<input type="checkbox"/> Savings		\$
	<input type="checkbox"/> Checking		\$
	<input type="checkbox"/> Savings		\$
	<input type="checkbox"/> Checking		\$

6. Stocks or bonds:

7. Other insurance policies (List company and policy number)

SECTION C: FOR CUSTODIAL PARENT AND NON-CUSTODIAL PARENT

1. How many overnight visits does the non-custodial parent exercise in a year?

Signature of custodial parent	
Printed or typed name of custodial parent	
Signature of non-custodial parent	
Printed or typed name of custodial parent	