



THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILD SUPPORT SERVICES
77 DORRANCE STREET, PROVIDENCE, RI 02903

WWW.CSE.RI.GOV

**NON CUSTODIAL PARENT LIVING OUT OF STATE REQUESTING A MOTION FOR
RELIEF/TELEPHONIC HEARING INSTRUCTIONS**

The enclosed forms are being provided because you requested that the Office of Child Support Services file a Motion for Relief on your behalf and that you participate in that telephonic hearing with the Rhode Island Family Court. We are assisting you with your request because you are not a resident of Rhode Island. Please fully complete the forms that follow. They will be submitted to RI Family Court and a court date for your hearing will be obtained. If the information is incomplete, the entire packet will be returned to you highlighting the missing information along with a *Notice of Rejection*. You then must resubmit the entire packet. We **will not file** the Motion until all information is provided.

The three (3) enclosed forms include the Entry of Appearance, Income and Expense sheet (OCSS-1), and Request for Relief Form. We will file the Motion on your behalf provided all the criteria is met and all required information is provided. There is a space for you to provide the name of the parties in this action called the plaintiff and defendant, as well as the Family Court Civil Action File Number.

- **ENTRY OF APPEARANCE** – There is a space for you to provide the name of the parties in this action called the plaintiff and defendant, as well as the Family Court Civil Action File Number. Please print your name and sign the document entitled “Entry of Appearance”, which is your Self Represented Litigant Entry of Appearance. Your signature goes at the bottom of the form on the line highlighted. Even though you may not have an attorney, you sign here because you are acting as your own attorney. It is also important to complete the form, and **provide a phone number** where you can be reached for the scheduled telephonic hearing. If you do not provide a phone number the telephonic hearing cannot be held. It is your responsibility to update any change to the number where you can be reached.
- **OCSS - 1 - Income and Expense Form** - Must be fully completed since the Judge will rely on this form and your testimony to make a decision about your Motion. The three (3) page form needs to be notarized.
- **REQUEST FOR RELIEF** - Please complete every space on the form. You must be specific about why you believe your order should be modified (decreased or suspended). You also must be specific about what the “substantial change in circumstances” are. The reason for your request is also required. Please be advised: WE WILL ONLY BE SEEKING A MODIFICATION (DECREASE OR SUSPENSION) OF YOUR CHILD SUPPORT ORDER.

If any of these forms are incomplete and or missing information, the entire packet will be returned.

Please be advised that the matter may not be heard on the assigned hearing date if the custodial parent was not served or does not appear. For any other relief you may be seeking, you will have to file on your own, or have an attorney assist you at Rhode Island Family Court.

If you have any questions please do not hesitate to call me at the phone number listed below.

Very truly yours,

Timothy J. Flynn
Child Support Administrative Officer

(401) 458 - 4526 *direct office phone*
(401) 458 - 4400 *main line*
(401) 458 - 4411 *fax*
TIMOTHY.FLYNN@DHS.RI.GOV *e-mail*



THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILD SUPPORT SERVICES

77 DORRANCE STREET PROVIDENCE RI 02903

WWW.CSE.RI.GOV

REQUEST FOR MOTION FOR RELIEF/TELEPHONIC HEARING (NCP OUT OF STATE)

NON CUSTODIAL PARENT REQUEST FOR A MOTION FOR RELIEF /TELEPHONIC HEARING

BY COMPLETING THIS FORM YOU ARE REQUESTING THAT THE OFFICE OF CHILD SUPPORT SERVICES (OCSS) FILE THE PAPERWORK CALLED A MOTION FOR RELIEF, TO DECREASE OR SUSPEND YOUR CHILD SUPPORT ORDER AND YOU ARE REQUESTING THAT YOU PARTICIPATE IN THE TELEPHONIC HEARING THAT WILL BE SCHEDULED FOR YOU.

- OCSS CAN ONLY ASSIST YOU IF THE CASE IS ONE THAT IS CURRENTLY IN OUR CHILD SUPPORT CASELOAD AND IF THERE ARE NO OTHER MOTIONS PENDING.
- YOU WILL BE NOTIFIED IF THE REQUEST IS REJECTED. IF REJECTED, YOU MAY OF COURSE FILE THE MOTION ON YOUR OWN AT ANY TIME. THERE IS A MOTION AVAILABLE AT THE RI FAMILY COURT, OR ON OUR WEBSITE AT WWW.CSE.RI.GOV.
- LEGAL COUNSEL FOR THIS AGENCY WILL NOT LEGALLY REPRESENT YOU AT THE HEARING REGARDLESS OF WHETHER WE FILE THE MOTION FOR YOU OR YOU FILE ON YOUR OWN NOR DO WE REPRESENT THE OTHER PARENT. YOU WILL BE REQUIRED TO PRESENT YOUR CASE TO THE MAGISTRATE/JUDGE OR RETAIN LEGAL COUNSEL TO PRESENT YOUR CASE ON THE HEARING DATE.
- YOU WILL BE MAILED A COPY OF THE MOTION AND A NOTICE OF THE DATE, LOCATION AND TIME WHEN THE TELEPHONIC HEARING IS SCHEDULED. IT IS IMPORTANT THAT YOU PROVIDE US WITH A CURRENT PHONE NUMBER WHERE YOU CAN BE REACHED. IF YOU ARE NOT AVAILABLE, OR THE CUSTODIAL PARENT IS NOT SERVED/FAILS TO APPEAR, THEN THE MOTION MAY NOT BE HEARD.
- AN INCOME AND EXPENSE SHEET CALLED AN [OCSS-1](#) HAS BEEN INCLUDED IN THIS PACKET. PLEASE FILL OUT THE FORM COMPLETELY AND RETURN IT **WITH ALL OTHER FORMS** INCLUDED WITH THIS PACKET. THE COURT WILL RELY ON THIS FORM AS WELL AS YOUR TESTIMONY IN MAKING DECISION.
- A STIPULATION OR ENTRY OF APPEARANCE HAS BEEN INCLUDED AS WELL. THE COVER SHEET EXPLAINS HOW TO COMPLETE THESE FORMS.

IN ORDER TO FILE THE PAPERWORK, THE FOLLOWING INFORMATION IS NEEDED. PLEASE COMPLETE ONE (1) FORM FOR EACH CASE.

TODAY'S DATE:

YOUR NAME:

YOUR CURRENT ADDRESS:

EMPLOYER NAME & ADDRESS/SOURCE OF INCOME:

YOUR CELL PHONE NUMBER:

OTHER PARENTS NAME:

CHILD/CHILDREN NAME(S):

CASE NUMBER:

OR DOCKET NUMBER (CIVIL ACTION FILE NUMBER):

IN ORDER FOR THE COURT TO CONSIDER YOUR MOTION TO DECREASE OR END YOUR ORDER, THE COURT NEEDS TO KNOW THE REASON WHY. PLEASE EXPLAIN WHY YOU ARE REQUESTING A DECREASE OR SUSPENSION OF YOUR COURT ORDER.

	LOSS OF JOB
	WORKING LESS HOURS
	RECONCILIATION WITH OTHER PARENT
	LOSS OF MEDICAL COVERAGE
	CHILD IS NO LONGER WITH THE OTHER PARENT
	INCARCERATION. EXPECTED DATE OF RELEASE IS _____
	OTHER (EXPLAIN)

WHAT IS THE BEST PHONE NUMBER TO REACH YOU FOR THE TELEPHONIC HEARING? _____

BY SIGNING BELOW, I AUTHORIZE THE OCSS TO FILE A MOTION FOR RELIEF ON MY BEHALF & HAVE READ THE NOTICE AND WAIVER REGARDING LEGAL REPRESENTATION

I UNDERSTAND THAT THE DEPARTMENT OF HUMAN SERVICES - OFFICE OF CHILD SUPPORT SERVICES (OCSS) ATTORNEYS ARE NOT MY ATTORNEYS AND DO NOT REPRESENT ME, EVEN THOUGH I MAY BENEFIT FROM THE WORK OF THOSE ATTORNEYS. I UNDERSTAND THAT THE ONLY CLIENT OF OCSS LEGAL COUNSEL IS THE STATE OF RHODE ISLAND. BECAUSE I DO NOT HAVE AN ATTORNEY/CLIENT RELATIONSHIP WITH OCSS LEGAL COUNSEL, ANY INFORMATION I SHARE WITH OCSS OR THEIR ATTORNEYS IS NOT PRIVILEGED OR CONFIDENTIAL, EXCEPT AS OTHERWISE PROVIDED BY LAW. IT ALSO MEANS THAT OCSS MAY PROVIDE SERVICES TO THE OTHER PARENT OF MY CHILD OR ANOTHER PERSON, AGENCY OR DEPARTMENT HAVING CUSTODY/PHYSICAL POSSESSION OF MY CHILD AND IN NEED OF THE AGENCY'S SERVICES.

SIGNATURE/DATE

FOR ANSWERS TO ADDITIONAL QUESTIONS, OR FOR MORE INFORMATION, CONTACT [TIMOTHY FLYNN](#):

DIRECT PHONE: (401) 458-4526 • MAIN LINE: (401) 458-4400 • FAX: (401) 458-4411 • EMAIL: TIMOTHY.FLYNN@DHS.RI.GOV

PLEASE SUBMIT COMPLETED FORMS TO:

**OFFICE OF CHILD SUPPORT SERVICES
ATT: TIMOTHY FLYNN
CHILD SUPPORT ADMINISTRATIVE OFFICER
77 DORRANCE STREET
PROVIDENCE, RI 02903**

OFFICE USE ONLY:

DATE RECEIVED: _____

COURT DATE ASSIGNED: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD SUPPORT SERVICES
77 DORRANCE STREET PROVIDENCE, RHODE ISLAND 02903
(401) 458-4400 • WWW.CSE.RI.GOV

ENTRY OF APPEARANCE

FAMILY COURT

- PROVIDENCE/BRISTOL COUNTY OR SIXTH DIVISION WASHINGTON COUNTY OR FOURTH DIVISION
 KENT COUNTY OR THIRD DIVISION NEWPORT COUNTY OR SECOND DIVISION

PLAINTIFF	CIVIL ACTION FILE NUMBER OR CASE NUMBER
DEFENDANT	

IN THE ABOVE CAPTIONED MATTER, I HEREBY ENTER MY APPEARANCE AS A
SELF - REPRESENTED LITIGANT.

PLAINTIFF NAME PRINTED:	DEFENDANT NAME PRINTED:
PLAINTIFF SIGNATURE:	DEFENDANT SIGNATURE:
ADDRESS:	ADDRESS:
HOME PHONE:	HOME PHONE:
CELLULAR PHONE:	CELLULAR PHONE:

DATE: _____



TO BE FILED IN CHILD SUPPORT AGENCY CASES ONLY

STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

FAMILY COURT
STATEMENT OF ASSETS
LIABILITIES - INCOME - EXPENSES

NAME: Plaintiff Defendant
CIVIL ACTION - FILE NUMBER:
Weekly: GROSS NET
BiWeekly:
Monthly:

Table with 3 columns: GROSS INCOME, Weekly, BiW, Monthly, TAXES AND INCOME DEDUCTIONS. Rows include Salary, Wages, Cash, Self Employment, etc.

MEDICAL INSURANCE: (circle one) Family Plan? Yes No Plan Name:
DENTAL INSURANCE: (circle one) Yes No Plan Name:

Does RiteCare, RiteShare, or Medicaid provide insurance for any child in this case? (circle one) Yes No

CHILD CARE ASSISTANCE: Does any child in the household receive Child Care Assistance through the State? (circle one) Yes No

PROPERTY UNDER APPLICANT'S CONTROL - Keep Current - Attach Supporting Detail As Needed
Table with columns: Name of Institution / Property Location / Description, Present Value, FMV, Loan Bal., Interest, Equity. Rows include Cash, Checking Accounts, Savings Accounts, etc.

Weekly

Monthly

_____	1. Groceries	_____
_____	2. Heating & Propane	_____
_____	3. Electricity	_____
_____	4. Telephone / Cell Phone	_____
_____	5. Cable / Internet	_____
_____	6. Clothing & Laundry	_____
_____	7. Uninsured Medical, Medicines, Dental	_____
_____	8. Personal Needs & Spending Money	_____
_____	9. Cigarettes	_____
_____	10. Car Insurance, Registration	_____
_____	11. Gas / Auto Maintenance	_____
_____	12. Traveling / Commuting Expenses	_____
_____	13. Life Insurance	_____
_____	14. Health Ins. Premium not through employer	_____
_____	15. Court Fines, Costs	_____
_____	16. Work Related Child Care	_____
_____	17. Child Support Order (this case)	_____
_____	18. Child Support Order (any other case)	_____
_____	19. Cash Medical Order	_____
_____	20. Arrears Order for Support	_____
_____	21. Alimony Orders Paid	_____
	Housing	
_____	22. Rent	_____
_____	23. Mortgage	_____
_____	24. Property Taxes not included in mortgage	_____
_____	25. Home / Renter Insurance	_____
_____	26. Sewer / Water / Upkeep	_____
_____	27. _____	_____
	Loans & Obligations	
_____	28. Auto Loan: Balance _____	_____
_____	29. Credit Card: Balance _____	_____
_____	30. Other Loan: Balance _____	_____
	Miscellaneous	
_____	31. Retirement / 401K not deducted from wages	_____
_____	32. Savings	_____
_____	33. Other _____	_____
_____	34. Weekly Total Lines 1-33 Monthly	\$ _____
	35. Weekly Total from Line 34	\$ _____
	36. Monthly Total divided by 4.3	\$ _____
	37. TOTAL EXPENSES WEEKLY	\$ _____
	(add lines 35 & 36)	

Under penalty of perjury, I hereby swear the Statements contained in this Statement of Assets, Liabilities, Income & Expenses and any attachments are true and correct. Check if any schedule is attached.

Print Name: _____ Signature of Party: _____

Sworn to me before this _____ day of _____, 20__.

Notary Public Print Name: _____ Signature: _____

Notary Public for the State of: _____ Commission Expires: _____

Form of ID: State _____ Gov't _____ Driver's Lic. _____ Passport _____ Personally Known _____ Other _____



STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

FAMILY COURT
STATEMENT OF ASSETS
LIABILITIES - INCOME - EXPENSES

SCHEDULE

NAME: _____
Plaintiff Defendant

CIVIL ACTION - FILE NUMBER: _____

Additional details concerning Income:

Additional details concerning Taxes and Income Deductions:

Additional details concerning Property under Applicant's Control:

Additional comments:

Date: _____ Signature of Party: _____

Sworn to me before this _____ day of _____, 20__.

Notary Name: _____

State of: _____

Notary Signature: _____

My Commission Expires: _____

Form of ID: State _____ Gov't _____ Driver's Lic. _____ Passport _____ Personally Known _____ Other _____