



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 REPRESENTING THEMSELVES - REQUESTING A TELEPHONIC HEARING FOR A MOTION FOR RELIEF

You have requested a telephonic hearing at the Rhode Island Family Court. The Office of Child Support Services is assisting you with your request because you are not a resident of Rhode Island. The following forms are used to request a telephonic hearing with Rhode Island Family Court when you are filing your own Motion for Relief as a self-represented litigant. Once the completed forms have been received, they will be submitted to RI Family Court and a court date for your hearing will be obtained. Please fully complete the forms that follow. 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 the Motion for Relief. We will file the Motion on your behalf provided the criteria is met and all required information is provided. There is a space on all three (3) forms where you need 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. If you are unsure of this information, please contact OCSS.

- **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”, this is your Entry of Appearance as a self-represented litigant. 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.
- **MOTION FOR RELIEF** – This motion will be filed with you acting as a self – represented litigant. This means you are filing the Motion on your own and you have chosen to represent yourself. There is no fee. Please complete every space on the form. Be sure to indicate what relief you are requesting from the Rhode Island Family Court. Please check all that apply to your circumstances.

PLEASE BE ADVISED: If any of these forms are incomplete and/or missing information, the entire packet will be returned. If the custodial parent was not served or does not appear, hearing may not be heard on the assigned date. This set of forms is used for requesting relief other than a decrease or suspension of your order. Examples are not limited to, but may include: a request to suspend interest, passport reinstatement, driver’s license reinstatement, DNA testing, etc.

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*



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

NON CUSTODIAL PARENT OUT OF STATE - MOTION FOR RELIEF

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	

NOW COMES THE **PLAINTIFF** **DEFENDANT** IN THE ABOVE REFERENCED MATTER AND STATES THAT BY ORDER OF THIS COURT ON _____ I WAS ORDERED TO PAY THE SUM OF _____ PER _____.

SINCE THIS TIME THERE HAS BEEN A SUBSTANTIAL CHANGE IN CIRCUMSTANCES, AND I AM REQUESTING THAT THE PRIOR ORDER BY MODIFIED:

- LOSS OF JOB
- WORKING FEWER HOURS
- THE CUSTODIAL PARENT NO LONGER RECEIVES FAMILY INDEPENDENCE PROGRAM BENEFITS;
- TO STOP INTEREST
- TO PREVENT DRIVERS LICENSE SUSPENSION
- REINSTATE DRIVERS LICENSE
- PASSPORT REINSTATEMENT
- OTHER: _____

WHEREFORE, THE MOVANT RESPECTFULLY REQUESTS RELIEF FROM A PRIOR ORDER OF THIS COURT.

NAME PRINTED:	
SIGNATURE:	
ADDRESS:	
TELEPHONE NUMBER:	DATE:



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77 DORRANCE STREET PROVIDENCE, RHODE ISLAND 02903
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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., up to TOTAL GROSS INCOME and NET INCOME.

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, Retirement, etc., up to TOTAL OF ALL PROPERTY.

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 _____