

NON CUSTODIAL PARENT REQUEST FOR RELIEF

By completing this form you are requesting that the Office of Child Support Services file the paperwork called a Motion for Relief, to decrease or end your order. Please be advised that we 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. You may of course file the motion "pro se" or on your own at any time. There is a Pro Se Motion form at the Family Court or on the 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 to appear. If you do not appear, the motion may be denied or may pass. In order to file the paperwork, the following information is needed. One form for each case please:

Your Name: _____

Your Current Address:_____

Current/ Former Employer name/address or Source of Income:_____

Your Cell Phone Number: _____

Other Parents Name: _____

Child's (ren's) name(s):

Case Number or docket 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)**

Do you need help with any other issues/services. If so please describe:_____

If we have to get in touch with you to ask you questions, which is the best time and phone number to reach you:_____

_____Signature

Mail this form to:

Office of Child Support Services Attention: Valerie Laguerre 77 Dorrance Street Providence RI 02903

