



THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILD SUPPORT SERVICES  
77 DORRANCE STREET PROVIDENCE RI 02903  
(401)-458-4400 • [www.cse.ri.gov](http://www.cse.ri.gov)

**TELEPHONIC HEARING REQUEST- INSTRUCTIONS**

The enclosed forms are being provided because you requested a telephonic hearing with Rhode Island Family Court. Please fully complete the enclosed forms to be submitted to Family Court and to obtain a court date for your hearing. 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 enclosed forms include the Stipulation, Income and Expense sheet (OCSS-1), and Request for Relief Form. We will file the Motion on your behalf provided all of the criteria are met and of the information is provided.

- **STIPULATION** - The caption (plaintiff and defendant in the case) and docket number have been added for your convenience. Please print your name and sign the document entitled "Stipulation", which is your Pro Se 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 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 decreased or suspended. You also must be specific about what relief you are requesting. This will be attached to the Motion and the Judge will review your reasons and requests when making a decision. **If this form is incomplete 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.

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 *phone*  
401-458-4411 *fax*



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**REQUEST FOR TELEPHONIC HEARING/MOTION FOR RELIEF**

**NON CUSTODIAL PARENT REQUEST FOR RELIEF – TELEPHONIC HEARING**

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 OUR WEBSITE AT [WWW.CSE.RI.GOV](http://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 PASS. YOU WILL ALSO BE MAILED AN INCOME AND EXPENSE SHEET CALLED AN OCSS-

**1. PLEASE FILL OUT THE FORM COMPLETELY AND BRING IT TO COURT WITH YOU.**

**IN ORDER TO FILE THE PAPERWORK, THE FOLLOWING INFORMATION IS NEEDED. PLEASE COMPLETE ONE 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:

**2. 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)

**3. WHAT OTHER RELIEF ARE YOU REQUESTING FROM THE COURT:**

	SUSPEND INTEREST
	PASSPORT REINSTATED

	DRIVERS LICENSE REINSTATED
	DNA TESTING
	OTHER RELIEF: <i>(DESCRIBE)</i>

**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

**PLEASE SUBMIT COMPLETED FORM TO:**

**OFFICE OF CHILD SUPPORT SERVICES**

**ATT: TIMOTHY FLYNN**

**CHILD SUPPORT ADMINISTRATIVE OFFICER**

**77 DORRANCE STREET**

**PROVIDENCE, RI 02903**

**FOR ANSWERS TO QUESTIONS, OR FOR MORE INFORMATION, CONTACT TIMOTHY FLYNN, AT:**

PHONE: (401) 458-4526

FAX: (401) 458-4411

EMAIL: [TIMOTHY.FLYNN@DHS.RI.GOV](mailto:TIMOTHY.FLYNN@DHS.RI.GOV)

**OFFICE USE ONLY:**

**DATE RECEIVED:** \_\_\_\_\_

**COURT DATE ASSIGNED:** \_\_\_\_\_





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.

**LIABILITIES - EXPENSES List only ONCE in either Weekly OR Monthly Column**

**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	
	<b>Housing</b>	
	22. Rent	
	23. Mortgage	
	24. Property Taxes not included in mortgage	
	25. Home / Renter Insurance	
	26. Sewer / Water / Upkeep	
	27. _____	
	<b>Loans &amp; Obligations</b>	
	28. Auto Loan: Balance _____	
	29. Credit Card: Balance _____	
	30. Other Loan: Balance _____	
	<b>Miscellaneous</b>	
	31. Retirement / 401K not deducted from wages	
	32. Savings	
	33. Other _____	
	<b>34. Weekly Total Lines 1-33 Monthly</b>	\$ _____
	35. Weekly Total from Line 34	\$ _____
	36. Monthly Total divided by 4.3	\$ _____
	<b>37. TOTAL EXPENSES WEEKLY</b>	\$ _____
	<b>(add lines 35 &amp; 36)</b>	

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 \_\_\_\_\_

