



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 following forms are all used to request a telephonic hearing with Rhode Island Family Court. Please fully complete the forms that follow. Once the completed forms have been received back from you completed, the forms will 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 need to be completed. If you have a question about which party is which, then please contact OCSS, and the correct information will be provided to you. 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](#) AVAILABLE AT THE RI 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 WHEN THE TELEPHONIC HEARING IS SCHEDULED. IF YOU ARE NOT AVAILABLE, OR THE CUSTODIAL PARENT IS NOT SERVED, OR FAILS TO APPEAR, THE MOTION MAY NOT BE HEARD, DENIED, OR PASSED. 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.

**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:

**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 OTHER RELIEF ARE YOU REQUESTING FROM THE COURT:**

SUSPEND INTEREST

PASSPORT REINSTATED

DRIVERS LICENSE REINSTATED

DNA TESTING

OTHER RELIEF: (DESCRIBE)

<b>WHAT IS THE BEST PHONE NUMBER TO REACH YOU FOR THE TELEPHONIC HEARING?</b>
<b>BY SIGNING BELOW, I AUTHORIZE THE OCSS TO FILE A MOTION FOR RELIEF ON MY BEHALF &amp; HAVE READ THE NOTICE AND WAIVER REGARDING LEGAL REPRESENTATION</b>
<p>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.</p>
SIGNATURE/DATE
<b><u>PLEASE SUBMIT COMPLETED FORMS TO:</u></b>
<b>OFFICE OF CHILD SUPPORT SERVICES</b> <b>ATT: TIMOTHY FLYNN</b> <b>CHILD SUPPORT ADMINISTRATIVE OFFICER</b> <b>77 DORRANCE STREET</b> <b>PROVIDENCE, RI 02903</b>
FOR ANSWERS TO ADDITIONAL QUESTIONS, OR FOR MORE INFORMATION, CONTACT <a href="#">TIMOTHY FLYNN</a> : PHONE: (401) 458-4526 FAX: (401) 458-4411
<b><u>OFFICE USE ONLY:</u></b>
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, Cash, Self Employment, Commissions, Pensions, Social Security, Worker Comp, Public Assistance, Child Support, Dividends, Rental Income, Contributions, Alimony, and TOTAL GROSS INCOME. Tax rows include Federal Income Tax, Self Employment Tax, State Income Tax, Social Security, State Disability, Medical Ins. Premiums, Employer Sponsored Retirement, Garnishment, Union Dues, Other Deductions, 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 / 401K, Other Accounts, Stocks / Bonds, Vehicles, Boat / Other Tangible Pers. Prop., Real Estate, Life Insurance, Other, and 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>\$ _____</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 \_\_\_\_\_

