



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

**MOTION FOR RELIEF AS A SELF - REPRESENTED LITIGANT**

**FAMILY COURT**

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

<b>PLAINTIFF</b>	<b>CIVIL ACTION FILE NUMBER OR CASE NUMBER</b>
<b>DEFENDANT</b>	

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: