

**Information Regarding Review of Support Orders  
that are More Than 36 Months Old**

**Re:** Child Support Case No \_\_\_\_\_  
Non-Custodial Parent \_\_\_\_\_  
Custodian \_\_\_\_\_  
Children: \_\_\_\_\_  
Support Order Date: \_\_\_/\_\_\_/\_\_\_ Date of Last Review: \_\_\_/\_\_\_/\_\_\_

Your request for review will not be considered until DCSS has received the enclosed forms including the "Request for Review of my Support Order". You must pay a \$100 modification fee per case when the review is complete and the order is adopted by the court unless: 1) You are receiving TANF (welfare) and/or Medicaid benefits, or 3) Your current total monthly gross income (before taxes) is less than \$1000.

If you reside and have a case in another state, you must submit a written request to your state's child support office and may be required to pay the mandatory \$100 review and modification fee described in this notice, if applicable to you. DO NOT CALL to make your request.

Note: A modification review may be conducted for persons who receive TANF benefits without the request of either parent. If you have any questions, please call 1-877-423-4746.

Or you may view your case information on the Customer Service Online website at:

<https://services.georgia.gov/dhr/cspp/do/Logon> First time users must register to obtain a user ID and password.

**Initial all items that apply to you before you submit a request for a modification review:**

- \_\_\_ I am now receiving TANF benefits, so I do not have to pay the review fee.
- \_\_\_ I am now receiving Medicaid benefits for myself, so I do not have to pay the review fee.
- \_\_\_ I receive Medicaid for my children only and my current monthly gross income (before taxes) is equal to or greater than \$1,000 per month, therefore I must pay the fee when the review is complete and the order is adopted by the court.
- \_\_\_ My current monthly gross income is \$1,000 or less, so I do not have to pay the review fee. I have attached proof of my gross income during the month of my application.
- \_\_\_ I am currently unemployed.
- \_\_\_ I am currently receiving unemployment benefits and have included proof of receipt of these benefits.
- \_\_\_ My youngest child will reach the age of emancipation in no less than 6 months from this date based on a Georgia order. If my child is still enrolled in high school past their 18th birthday, I must provide verification of full-time enrollment.
- \_\_\_ My child(ren) will reach the age of emancipation on \_\_\_/\_\_\_/\_\_\_ under the terms of my child support order obtained outside Georgia no less than 6 months from this date.
- \_\_\_ My latest order is 36 months old or older, and my order has not been reviewed within the past 36 months. I understand that Georgia requires that the dollar amount of the support order must change by a minimum of 15% and \$25 from the current order.
- \_\_\_ I understand that the Division of Child Support Services is not responsible for proving my allegations. I must obtain and provide this proof.
- \_\_\_ I understand that as an alternative to the Division of Child Support Services review process, I have the right to hire a private attorney and seek modification of my support order.

**PLEASE PRINT THE FOLLOWING INFORMATION:**

My Residential Address: \_\_\_\_\_  
Home Phone No: \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
Work Phone No. \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_  
Signature: \_\_\_\_\_