REQUEST TO REINSTATE CHILD SUPPORT DUE TO CHILDREN BEING RETURNED TO CUSTODIAL HOME

Date: _____ File #: _____

Parties:

_____	vs.	_____
Name		Name
_____		_____
Address		Address
_____		_____
City/State/Zip		City/State/Zip
_____		_____
Email		Email
_____		_____
Phone Number		Phone Number

Name of All Children between parties:	**Child's Age:**	**Living with Payer:**
_____	_____	Yes:____ No:___
_____	_____	Yes:____ No:___
_____	_____	Yes:____ No:___
_____	_____	Yes:____ No:___

On ___/____/____ the above identified child(ren) moved in with:

Month/day/year

_____
Name/Relationship to child(ren)

_____
Address

_____
City/State/Zip

All of the identified children must be living back with the Custodial Parent/Payee for at least the last 30 days before your request will be considered.

Please indicate and attach at least one of the following to prove the child(ren) now live back with the Custodial Parent/Payee of support on a full-time basis:

___ Written statement from the Non-Custodial Parent/Payer that the child is back living full-time with the Custodial Parent/Payee of child support (NOTE: full-time does not mean 182.5 overnights - it means a majority of the time. Essentially, the child has moved in with the payee.)

____ CPS documentation that child has been placed with the Custodial Parent/Payee of child support

____ Documentation from the child's school showing that the child has been enrolled in the school in the Custodial Parent/Payee of child support's school district

____ Any other documentation that would prove to you that the child now resides back with the Custodial Parent/Payee of child support.

____ I would like to request a hearing on this matter as I am unable to provide any of the documentation listed above.

_____ _____

Signature Print Name

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If your request is satisfactory, the payer's child support obligation will be reinstated effective the date Family Court received this paperwork along with the supporting documentation.

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