

**RETURN TO MODIFICATION UNIT**

Santa Clara County Department of Child Support Services  
880 Ridder Park Drive  
San Jose, CA 95131  
1-866-901-3212

**CHILD SUPPORT REVIEW AND ADJUSTMENT REQUEST**

CSE Case Number (if known): \_\_\_\_\_

Court Case Number (if known): \_\_\_\_\_

My Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

My Address: \_\_\_\_\_ My Phone No.: \_\_\_\_\_

I am requesting a modification of my child support order because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Other Parent's name is: \_\_\_\_\_

He/she lives at: \_\_\_\_\_

He/she works at: \_\_\_\_\_

His/her phone number is: \_\_\_\_\_

If you are the Noncustodial Parent: Your request for review will apply to each of your child support orders within this county. Our office will review each order to see if an adjustment is necessary. If you have an order in another county, the other county will be advised of your request for review.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_