

Instructions for a Modification of an Order of Support Petition (if filing against DSS)

Notice: Child support enforcement services are available to assist parties in child support cases, including preparing a petition for you. To inquire about these services, go to the Nassau County Department of Social Services Support Collection Unit at 60 Charles Lindbergh Blvd., Uniondale, NY; or call the Customer Service/Child Support Helpline at 1-888-208-4485 and choose "general child support information" when prompted; or visit the New York State website at www.newyorkchildsupport.com.

As an alternative to these forms, a step-by-step computer program is available at www.nycourthelp.gov which can help you prepare and print a petition for modification of an order of support.

Important: This petition and instruction packet for modification of an order of support against the Department of Social Services (DSS) should only be used by a party required by court order to pay support to DSS on behalf of (o/b/o) the custodial parent who has assigned their right to child support to DSS. Check the order of support you are requesting to be modified to make sure that the caption includes Department of Social Services o/b/o "the name of the custodial parent."

Do not use this petition and instruction packet if the order of support is payable to the custodial parent, even if the support is collected by the Support Collection Unit (SCU). SCU can collect child support for a custodial parent AND for DSS when the order is o/b/o a custodial parent.

You may go to the General Clerk's Office of the Nassau County Family Court at 101 County Seat Drive, Mineola, NY if you need assistance in determining if this is the appropriate form to request the modification of your particular child support order.

Do not make copies of these instructions, as they are for your information only.

All forms must be completed with black ink only, and printed legibly.

To satisfy the legal requirements to have your petition for modification of an order of support considered, every question must be answered on the petition and applicable forms, and required documents must be attached. Failure to do so may result in the dismissal of your petition.

These forms and instructions are available in the General Clerk's Office in the Nassau County Family Court at 101 County Seat Drive, Mineola, NY and on the Nassau County Family Court website at www.nycourts.gov/courts/10jd/nassau/family.shtml.

The following are required to file your petition:

- Petition (Form 4-11)- DSS → original and 2 copies, if you file the petition in person and you bring an extra copy (4th set), 1 copy will be stamped by the court and given back to you as proof of filing,
- Current order of Support→ if the order is a Nassau County Family Court order, then 2 copies,

if the order is not a Nassau County Family Court order, then 2 copies and 1 certified copy, except if a certified copy of the order was previously submitted on a prior support matter filed after January 1, 2013, then only 2 copies,
- Nassau County Family Court (NCFC) Information Sheet→ original (to include the petitioner and assignor),
- Nassau County Family Court (NCFC) Paternity/ Support/UIFSA Children’s Information Sheet→ original(s) (one or more to include all the children in the petition).

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In the Matter of a Proceeding for Support
Under Article 4 of the Family Court Act

PETITION for Modification of an
Order of Support (DSS)

Petitioner Print your name here

File #	<u>leave blank</u>
Docket #	<u>leave blank</u>
<i>(Court use only)</i>	

-AGAINST-

Nassau County Department of Social Services on behalf of

Assignor Print name of person receiving services from DSS

.....
The following refers to the numbered sections of the petition:

1a. Petitioner - Information: You are the petitioner (party requesting that the child

support order be modified). Print your name, date of birth, address (where you reside or where you are temporarily located, including zip code).

The family court does not share personal information with the public but petitions are provided to all parties. If your

address is not known to the assignor and you are requesting that your address be kept confidential: print the word CONFIDENTIAL on the address line; include your address

on the NCFC Information Sheet; check box on the NCFC Information Sheet directly below the section for your address which asks if you are requesting to keep your address confidential; an Address Confidentiality Affirmation (General Form 21) will be mailed to you with your summons/notice; the Address Confidentiality Affirmation must be completed and brought with you to court on the first court date.

1b. Assignor's - Information:

The assignor is the person caring for the children and receiving services from the Nassau County Department of Social Services. Print his/her name, date of birth and address, including zip code (if the address is unknown, then you must print the last known address).

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2. Fill in the date of order; the Docket #; and the terms of the order. Depending upon whether the current support order is from Nassau Family Court check one box. Submit the appropriate number of copies of the order when filing your petition.

To satisfy the legal requirements to have your petition for modification of support considered, the copies of the order must be provided when filing the petition and the appropriate box checked.

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3. Check the applicable box(es). Print applicable name(s) and date(s) of birth. If there are more than three children, use an additional sheet of paper and make sure to include the name(s) and date(s) of birth for each of the additional children.

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4. Check ✓ one or more boxes labeled **A, B,** and/or **C**. If you check ✓ **A**, check ✓ one or more boxes labeled **a, b, c,** and/or **d**. Fill in the corresponding information. Any documents listed must be attached to the petition.

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5. Specifically list all changes that you are requesting to be made to the current order of support.
6. Specifically list reason(s) why you did not previously request relief from the support order directing

payment prior to the arrears accruing. Arrears are the amount of support that is already past due. If you are up-to-date with your payments as ordered, print the words NO ARREARS on the lines provided.

7. Check ✓ one box.

Fill in date of current support order.

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DATED: fill in the date you sign the petition

Sign and print your name on the lines provided.

After the original petition is complete, attach the evidence (if applicable) from section 4 of the petition. This is the original set. Make 2 copies of the complete set. If required (see section 2 of the petition) attach the certified copy of the current support order to the original set. Attach the original NCFC Information Sheets to the original set. Attach a copy of the order to each additional set. Staple each set. Bring the 3 complete sets of papers to the General Clerk's Office of the Family Court between the hours of 9:00 a.m. and 4:45 p.m.

or - mail to:

**Nassau County Family Court
101 County Seat Drive
Mineola, NY 11501
Attn: General Clerk's Office**

If you file the petition in person and you bring an extra copy (4th set) of the petition, 1 copy will be stamped by the court and given back to you as proof of filing.

Check one box:

- The current support order is from Nassau County Family Court. Two copies of the order have been provided for service on DSS and the assignor.
- The current support order is from (specify county & court): _____
_____. A certified copy of the order is attached. Two copies of the order have been provided for service on DSS and the assignor.

3. The name and date of birth of each person for which support is ordered are as follows:

- Custodial Parent:
(if applicable) _____ [print name] _____ / / ,
[date of birth]
- Child(ren): _____ [print name] _____ / / ,
[date of birth]
- _____ [print name] _____ / / ,
[date of birth]
- _____ [print name] _____ / / .
[date of birth]

4. I am seeking a modification of the current support order because [check one or more boxes- **A, B, and/or C**]:

A. There has been the following change(s) in circumstances since the support order/judgment was made [check applicable box(es)]:

a. Increased/Decreased needs of the child(ren) [specify]: _____

I have attached the following documents as evidence [specify]: _____

b. Needs of the child(ren) that are not being met [specify]: _____

I have attached the following documents as evidence [specify]: _____

c. Change in ability of respondent to pay support [specify]: _____

I have attached the following documents as evidence [specify]: _____

d. Other [specify]:¹ _____

I have attached the following documents as evidence [specify]: _____

B. The parties have not specifically agreed otherwise in a validly executed agreement or stipulation and three years have passed since the order was entered, last modified or adjusted.²

C. The parties have not specifically agreed otherwise in a validly executed agreement or stipulation and there has been a change in my gross income by fifteen percent

¹If incarceration is the basis for alleging substantial change in circumstances, so state and indicate whether or not the incarceration resulted from a charge and/or conviction for nonpayment of child support order/judgment or an offense against the custodial parent or child who is the subject of the child support order/judgment. See FCA §451(2)(a); DRL § 236B(9)(b)(2)(i).

²This ground only applies to original or modified support orders entered on or after October 13, 2010.

or more since the order was entered, last modified or adjusted [state basis]:³

I have attached the following documents as evidence [specify]: _____

5. The support order should be modified as follows [specify]: _____

6. I did not make an application earlier for relief from the support order directing payment prior to the accrual of arrears because [specify reason(s)]: _____

7. Has there been an application made in any court, including a Native American tribunal, for the relief herein requested? Yes No

WHEREFORE, I respectfully request that the support order dated ____ / ____ / ____, be modified as set forth above and for such other relief as the court may deem just and proper.

NOTE:

(1) A COURT ORDER OF SUPPORT RESULTING FROM A PROCEEDING COMMENCED BY THIS APPLICATION (PETITION) SHALL BE ADJUSTED BY THE APPLICATION OF A COST OF LIVING ADJUSTMENT AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED, UPON THE REQUEST OF ANY PARTY TO THE ORDER OR PURSUANT TO PARAGRAPH (2) BELOW. SUCH COST OF LIVING ADJUSTMENT SHALL BE ON NOTICE TO BOTH PARTIES WHO, IF THEY OBJECT TO THE COST OF LIVING ADJUSTMENT, SHALL HAVE THE RIGHT TO BE HEARD BY THE COURT AND TO PRESENT EVIDENCE WHICH THE COURT WILL CONSIDER IN ADJUSTING THE CHILD SUPPORT

³This ground only applies to original or modified support orders entered on or after October 13, 2010.

ORDER IN ACCORDANCE WITH SECTION FOUR HUNDRED THIRTEEN OF THE FAMILY COURT ACT, KNOWN AS THE CHILD SUPPORT STANDARDS ACT.

(2) A PARTY SEEKING SUPPORT FOR ANY CHILD(REN) RECEIVING FAMILY ASSISTANCE SHALL HAVE A CHILD SUPPORT ORDER REVIEWED AND ADJUSTED AT THE DIRECTION OF THE SUPPORT COLLECTION UNIT NO EARLIER THAN TWENTY-FOUR MONTHS AFTER SUCH ORDER IS ISSUED, LAST MODIFIED OR LAST ADJUSTED BY THE SUPPORT COLLECTION UNIT, WITHOUT FURTHER APPLICATION BY ANY PARTY. ALL PARTIES WILL RECEIVE A COPY OF THE ADJUSTED ORDER.

(3) WHERE ANY PARTY FAILS TO PROVIDE, AND UPDATE UPON ANY CHANGE, THE SUPPORT COLLECTION UNIT WITH A CURRENT ADDRESS, AS REQUIRED BY SECTION FOUR HUNDRED FORTY-THREE OF THE FAMILY COURT ACT, TO WHICH AN ADJUSTED ORDER CAN BE SENT, THE SUPPORT OBLIGATION AMOUNT CONTAINED THEREIN SHALL BECOME DUE AND OWING ON THE DATE THE FIRST PAYMENT IS DUE UNDER THE TERMS OF THE ORDER OF SUPPORT WHICH WAS REVIEWED AND ADJUSTED

OCCURRING ON OR AFTER THE EFFECTIVE DATE OF THE ADJUSTED ORDER, REGARDLESS OF WHETHER OR NOT THE PARTY HAS RECEIVED A COPY OF THE ADJUSTED ORDER.

Dated: ____ / ____ / ____

Petitioner [sign name]

Petitioner [print name]

**Nassau County Family Court
Information Sheet**

Print all information. Every box must be filled in. If you do not know the information, print the word UNKNOWN.

FILE # _____
DOCKET # _____
<i>(Court use only)</i>

Petitioner (Person filing petition)

Name: (First) _____ (Middle) _____ (Last) _____		
Maiden/Alias/Nickname: (First) _____		(Last) _____
Address: (Street) _____ (City) _____		(Apt. #) _____ (State) _____ (Zip Code) _____ (County) _____
If your residence address and mailing address are different, check here <input type="checkbox"/> , print mailing address in this section and attach a separate paper with your name and residence address.		
If your address is not known to the respondent and you are requesting that your address be kept confidential check box here <input type="checkbox"/> .		
Home Phone #: () -	Work Phone #: () -	Cell Phone #: () -
Date of Birth: / /	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other [specify]: _____	Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: ft. in.	Weight: lbs Eye Color: _____ Hair Color: _____
Social Security #: - -	Driver's License ID #: _____	State: _____
Distinguishing Marks: _____		State: _____
Are you employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Employer's Name: _____ Employer's Address: _____		

Respondent (Person you are filing petition against)

Name: (First) _____ (Middle) _____ (Last) _____		
Maiden/Alias/Nickname: (First) _____		(Last) _____
Address: (Street) _____ (City) _____		(Apt. #) _____ (State) _____ (Zip Code) _____ (County) _____
If the respondent's residence address and mailing address are different, check here <input type="checkbox"/> , print mailing address in this section and attach a separate paper with the respondent's name and residence address.		
Home Phone #: () -	Work Phone #: () -	Cell Phone #: () -
Date of Birth: / /	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other [specify]: _____	Ethnic Origin: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: ft. in.	Weight: lbs Eye Color: _____ Hair Color: _____
Social Security #: - -	Driver's License ID #: _____	State: _____
Distinguishing Marks: _____		State: _____
Is respondent employed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Employer's Name: _____ Employer's Address: _____		

**Nassau County Family Court
Paternity/Support/UIFSA
Children's Information Sheet**

Every box must be filled in. If you do not know the information, print the word UNKNOWN.

FILE # _____
DOCKET # _____
<i>(Court use only)</i>

Child # 1

Name: (First) _____ (Middle) _____ (Last) _____

Address: (Street) _____ (Apt. #) _____
(City) _____ (State) _____ (Zip Code) _____ (County) _____

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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Child # 2

Name: (First) _____ (Middle) _____ (Last) _____

Address: (Street) _____ (Apt. #) _____
(City) _____ (State) _____ (Zip Code) _____ (County) _____

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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Child # 3

Name: (First) _____ (Middle) _____ (Last) _____

Address: (Street) _____ (Apt. #) _____
(City) _____ (State) _____ (Zip Code) _____ (County) _____

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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Child # 4

Name: (First) _____ (Middle) _____ (Last) _____

Address: (Street) _____ (Apt. #) _____
(City) _____ (State) _____ (Zip Code) _____ (County) _____

If the child's address is not known to the respondent and you are requesting that the child's address be kept confidential check box here .

Date of Birth: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #: - -
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