

# COLVILLE CONFEDERATED TRIBES

## CHILD SUPPORT PROGRAM

PO BOX 468 | NESPELEM, WA 99155

Toll Free (800) 515-2544 | Phone (509) 634-2030 | (509) 634-2031



### MODIFICATION REQUEST

During the enforcement of an existing order, a modification may arise due to a showing of change in circumstances by the parties. The parties may initiate the request for modification of an existing order in writing, by completing the Request for Review of Child Support Order form.

Requests should be made with careful consideration, by the requesting party, as the modification of an order may result in *increases* or *decreases* of the child support obligation. Our staff is prohibited from rendering legal advice, but we can assist you with completing the forms and explain the modification process.

Once the Case Manager receives the completed Request for Review of Child Support Order form, they will review your statements and supporting documentation. If the evidence meets the standards outlined in the Colville Tribal Resolution #2018-423, specifically under the Standards for Determining Support Obligations, #9...

“Any order of child support may be modified upon a claiming of substantial changes in circumstances at any time, and be modified when necessary to serve the best interest of the children, and when inconsistent between the existent child support award amount and the amount of child support which results from application of Tribal guidelines. Application for a modification should be made to the Tribal Court. This is not a limit to Tribal member’s right to review and adjustment of support”

Including the Colville Tribal Code, Title 5, § 1-258,

“The Court has continuing jurisdiction to prospectively modify a judgment and order for future education and future support upon showing a substantial change of circumstances unless otherwise provided by the Business Council.”

The Case Manager, will then mail you a Modification or Adjustment Review Findings, letting you know the determination they made after reviewing your request. The determinations that the Case Manager can make are:

1) Your case will be referred to the Spokesperson to Motion the Administrative Law Court for a Hearing of your Modification request as it meets the standards outlined above, and the Case Manager has prepared a Worksheet as our agencies recommendation to the Court as to what your order should be modified to, you will be served with the Motion certified mail or in-person, (note that, if you do not make yourself available for service of the documents, your request will be Dismissed Without Prejudice) or

2) CTCSP will not refer your case to the Administrative Law Court for a hearing, as it does not meet the above standards, and if you would like to still have a hearing – your case can still be brought to the Administrative Law Court to hear your request, it will just not include the agencies recommendation of what your support should be modified to.



# COLVILLE CONFEDERATED TRIBES CHILD SUPPORT PROGRAM



## REQUEST FOR REVIEW OF CHILD SUPPORT ORDER

TO:

IV-D CASE NUMBER:

### INSTRUCTIONS

1. Complete this form, a Colville Tribal Child Support Worksheet (optional). Attach copies of your last two CURRENT pay stubs for the last two pay periods and any other income information.
2. Except for your signature, print or type all responses on the forms. Use blue or black ink only.
3. Return the completed forms and attachments to the Colville Confederated Tribes Child Support Program (CTCSP) address listed on page 2.
4. CTCSP may deny your request for review if you do not provide all of the required information.
5. If a IV-D agency is making this request, a representative of the IV-D agency must sign the request.

I want CTCSP to review my child support order. I believe my order needs modification or adjustment because **(check all that apply to your case)**:

1.  The income of one or both parents involved in my case has changed significantly.
2.  At least one of the children involved in my case.
  - a.  Was less than 12 years old when the child support order was entered and is now 12 years old or more.
  - b.  Has changed residences.
  - c.  Is no longer a dependent.
3.  My order does not have a health insurance obligation.
4.  I have become disabled or incarcerated since the order was entered.
5.  Other: (BE SPECIFIC):

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I understand that:

1. This review may result in the modification of my order and that CTCSP will address only child support and health insurance for the children. Other issues are not CTCSP's responsibility.
2. CTCSP will not represent me or the other party to my support order. Both parties to the support order have the right to have an attorney represent them in court or have an attorney or other person represent them in an administrative hearing.
3. CTCSP may use information I provide to establish, modify, or enforce child support. CTCSP shares this information with other governmental agencies only for those purposes. You may request the other parent's personal and confidential information from CTCSP. CTCSP releases information only as state and federal laws and regulation allow.
4. CTCSP may ask a court to modify my child support order.  
**WARNING:** CTCSP spokesperson/authorized representative may share any documents you submit with the other party to your support order and may file the documents in the public court file. The other party to your support order has a right to see your financial information. Please remove your personal identification information (address, birth date, social security number) from these documents before your submit them.
5. CTCSP may deny my request to adjust or modify my support order if my order does not meet legal standards or review requirements.
6. If the spokesperson decides to proceed with adjustment or modification of my support order or arrearage rate, the adjusted or modified order is effective from the date spokesperson files the petition in court, not the day I requested a review.
7. An adjustment or modification of my support order may result in an order that requires a **higher or lower** support amount than my current order requires.
8. I always have the right to pursue adjustment or modification of my support order on my own.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Authorized Representative's Signature

*Send completed forms, tax information, and pay information to:*

Colville Confederated Tribes  
Child Support Program  
PO BOX 468  
Nespelem, WA 99155  
Phone: 509-422-7700  
Fax: 509-422-7705  
Toll Free: 877-515-2544

# MONTHLY CHILD SUPPORT OBLIGATION WORKSHEET

## A. Gross Monthly Income and Percentage

	Custodial Parent	Absent Parent	Combined
1. Gross Monthly	\$ _____	\$ _____	\$ _____
2. Percentage of Combined Income (Each parent's income divided by combined income)	\$ _____	\$ _____	100%

## B. Computation of Basic Support

3. Number of Children for Whom Support is sought	_____
4. Basic Support for Number of Children	\$ _____

## C. Additional Support Costs

5. Children's Health and Dental	\$ _____	\$ _____	\$ _____
6. Work Related Child Care	\$ _____	\$ _____	\$ _____
7. Extraordinary Costs	\$ _____	\$ _____	\$ _____
8. Total Additional Support	\$ _____	\$ _____	\$ _____

## D. Calculation of Support Amount

9. Total Basic and Additional Support Cost (Add Combined Column Figures from Line 4 and Line 8)			\$ _____
10. Each parent's Obligation	\$ _____	\$ _____	\$ _____
11. Enter each Parent's Total Additional Support Costs From Line 8	\$ _____	\$ _____	\$ _____
12. Each Parent's Net Child Support Obligation (Subtract Line 11 from Line 10)	\$ _____	\$ _____	\$ _____

Paying Parent Pays \$ \_\_\_\_\_ each Month, to Custodial Parent

Colville Tribal Child Support Schedule

Worksheets

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 County: OKANOGAN/COLVILLE RESERVATION Tribal Court Case No: AC-CS-

Children and Ages:

Part I Basic Child Support Obligation

1. Gross Monthly Income (See Guidelines, Sec 1)	Father	Mother
a. Wages and Salaries (ncp/cp 4 qtr ave)		
b. Commissions		
c. Revenue From Sales of Goods and Products Received in the Normal Course of Business (Business Income)		
d. Deferred Compensation		
e. Overtime		
f. Contract-related Income		
g. Income From Second Job (Limited to obligated parent)		
h. Dividends		
i. Interests		
j. Severance Pay		
k. Annuities		
l. Capital Gains		
m. Pension Retirement Benefits		
n. Workers Compensation		
o. Unemployment Benefits		
p. Spousal Maintenance Actually Received		
q. Bonuses		
r. Social Security Benefits		
s. Disability Insurance Benefits		
t. Gifts and Prizes ( greater than or equal to \$250 in value)		
u. Total Gross Monthly Income	\$ -	\$ -

2. Monthly Deductions From Gross Income (See Guidelines §3)		
a. Federal and State Income Taxes (20%IMPUTED)	\$ -	\$ -
b. Federal, Tribal Insurance Contributions and Deductions		
c. Mandatory Pension Plan Payments		
d. Mandatory Union or Professional Dues		
e. State or Tribal Industrial Insurance Premiums		
f. Court-ordered Spousal Maintenance Actually Paid		
g. Up to \$2,000 per year in Voluntary Pension Payments Actually Made		
h. Normal Business Expenses and Self-Employment Taxes		
i. Total Deductions from Gross Income ( Add lines 2a through 2h)	\$ -	\$ -

3. Monthly Net Income (Line 1u minus line 2)	\$	-	\$	-
4. Combined Monthly Net Income (Add Father's and Mothers Net Incomes From line3)	\$			-
5. Basic Child Support Obligation (based on 80/20 split, then divided by two like Ok. Co. Sup) Child #1:    Child #3: Child #2:    Child #4:			\$0.00	
6. Proportional Share of Income ( Each Parent's net income fromline 3 divided by line 4)		#DIV/0!		#DIV/0!
7. Each Parent's Basic Child Support Obligation (Multiply each number on line 6 by line 5)		#DIV/0!		#DIV/0!
Part II. Health Care, Day Care, and Special Child Rearing Expenses				
8. Health Care Expenses (See Guidelines, §4b,4f)				
a. Monthly Health Insurance Premiums Paid for Child(ren)	\$	-	\$	-
b. Uninsured Monthly Healthcare Expenses Paid for Child(ren)	\$	-	\$	-
c. Total Monthly Health Care Expenses (Line 8a plus line 8b)	\$	-	\$	-
d. Combined Monthly Health Care Expenses (Add Father's and Mothers Totals fromline 8c)	\$			-
e. Maximum Ordinary Monthly Health Care Expenses (Multiply line 5 times 0.05)	\$			-
f. Extraordinary Monthly Health Care Expenses (Line 8d minus line 8e, if "0" or negative enter "0")	\$			-
9. Day Care and Special Child Rearing Expenses (See Guidelines, §4a)				
a. Day Care Expenses	\$	-	\$	-
b. Education Expenses	\$	-	\$	-
c. Long Distance Transportation Expenses	\$	-	\$	-
d. Other Special Expenses ( Describe)	\$	-	\$	-
e. Total Day Care and Special Expenses ( Add lines 9a through 9d)	\$	-	\$	-
10. Combined Monthly Total of Day Care & Speical Expenses (Add Father's and Mother's Totals from line 9e)			0	
11. Total Extraordinary Health Care, Day Care, Special Expenses ( Line 8 f plus line 10)	\$	-		
12. Each Parent's Obligation for Extraordinary Health Care, Day Care, and Special Expenses (Multiply each number on line 6 by line 11)		#DIV/0!		#DIV/0!

13. Standard Calculation Support Obligation (Line 7 Plus line 12)	#DIV/0!	#DIV/0!
Part III: Child Support Credits		
14. Child Support Credits		
a. Custom or Cultural Services and Resources Credit (Describe) (See Guidelines, §5-5)	\$ -	\$ -
b. In-Kind Services Credit (Describe) (See Guidelines, § 5-6)	\$ -	\$ -
c. Indian Health Services Credit ( For Part II, 8; See Guidelines, §4b, 4f)	\$ -	\$ -
d. Monthly Health Care Expenses Credit	\$ -	\$ -
e. Day Care and Special Expenses Credit	\$ -	\$ -
f. Other Ordinary Expense Credit (Describe)	\$ -	\$ -
g. Total Support Credit ( Add lines 14 a through 14f)	\$ -	\$ -
h. Total Allowable Credit Per Month ( Subtract fromline g 30% or 50 % of Basic Support Obligation )	\$ -	\$ -
Part IV: Net Monetary Obligation/Presumptive Transfer Payment		
15. Net Support Obligation (See Guidelines§5) (Line 13 minus 14h)		
Part V: Items Disclosed But Not Included in Gross Monthly Income		
16. Household Assets ( List the estimated present value of all major household assets)	Father's	Mothers
a. Real Estate		
b. Stocks and Bonds		
c. Vehicles		
d. Boats		
e. Pensions/ IRAs/ Bank Accounts		
f. Cash		
g. Insurance Plans		
h. Other (Describe)		
17. Household Debt (List liens against household assets, extraordinary debt)	Father's	Mother's
18. Other Houshold Income		
a. Income of Current Spouse ( See Guidelines, §2-1) (If not the other Parent of this action) Name: Name:		
b. Income of Other Adults in Household (See Guidelines, §2-1) Name: Name:		

c. Income of Children (If considered extraordinary) Name: Name:		
d. Income From Child Support Received From Other Relationships (See Guidelines, §2-2) Name: Name:		
e. Gifts and prizes Less than \$250 in Value (See Guidelines, §2-3)		
f. Income From Aid to Families with Dependent Children ( See Guidelines, §2-4)		
g. Supplemental Security Income (See Guidelines, §2-5)		
h. General Assistance (See Guidelines, §2-6)		
i. Food Stamps ( See Guidelines §2-7)		
j. Trust Income (See Guidelines, §2-8)		
k. Other Income (Describe)		
19. Other Non-recurring Income (Describe) ( See Guidelines, §5-4)		
20. Child Support Paid For Other Children Name/ Age: Name/ Age:		

21. Children From Other Relationships Living In Each Household ( See Guidelines, §5-3)  
( First Names and Ages)

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22. Disability Payments (See Guidelines, Sec 5-7)

23. Other Factors For Consideration (See Guidelines)

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I declare, under penalty of perjury under the laws of the Colville Tribes, the information contained in these worksheets is complete, true and correct.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date                      City

\_\_\_\_\_  
Date                      City

\_\_\_\_\_  
Judge/Reviewing Officer

\_\_\_\_\_  
Date



**CHILD SUPORT INCOME CHART**

Combined Monthly Net Income	One Child Family		Two Children Family		Three Children Family		Four Children Family		Five Children Family	
	A	B	A	B	A	B	A	B	A	B
600	88	109	68	84	57	70	49	60	42	52
700	103	127	80	98	66	82	56	70	49	60
800	118	145	91	113	76	94	64	80	56	69
900	132	163	102	127	86	106	72	90	63	78
1000	146	181	114	140	95	118	80	99	70	86
1100	161	199	125	154	104	129	88	109	77	95
1200	175	217	136	168	114	140	96	119	84	104
1300	189	234	147	182	123	151	104	128	90	112
1400	204	252	158	195	132	163	112	138	98	120
1500	217	268	169	208	141	174	119	147	104	128
1600	231	284	179	221	149	185	126	156	110	136
1700	244	301	189	234	158	195	134	165	116	144
1800	257	318	199	246	167	206	141	174	123	151
1900	270	334	210	259	175	217	148	183	129	159
2000	284	350	220	272	184	227	156	192	136	167
2100	297	367	231	285	192	238	163	201	142	175
2200	310	383	241	298	201	248	170	210	148	183
2300	324	399	251	310	209	259	177	219	155	191
2400	336	416	261	323	218	270	185	228	161	199
2500	349	432	271	336	227	280	191	237	167	207
2600	355	439	276	341	230	284	195	241	170	210
2700	360	445	280	345	233	289	198	244	172	213
2800	365	451	284	350	237	292	200	247	174	215
2900	369	456	288	354	239	296	203	250	177	218
3000	373	460	290	357	242	298	205	252	178	220
3100	376	464	292	361	244	301	206	254	179	222
3200	378	468	294	363	245	304	207	256	181	223
3300	381	470	296	365	246	305	209	258	181	225
3400	381	472	296	366	247	306	209	258	182	226
3500	382	472	297	367	248	306	210	259	183	227
3600	383	473	298	367	248	307	211	260	183	227
3700	384	474	298	368	249	308	211	260	184	228
3800	386	478	300	371	250	310	212	262	185	229
3900	396	489	308	380	256	317	217	268	189	234
4000	405	500	314	388	262	324	222	274	193	239
4100	414	512	322	397	268	332	227	280	198	244
4200	424	524	329	406	274	340	233	286	203	250
4300	433	535	336	415	280	347	237	293	207	256
4400	441	545	343	423	286	353	242	296	211	260
4500	450	555	349	431	291	360	246	304	215	266
4600	458	565	355	439	296	367	250	310	219	270
4700	466	575	362	447	302	373	255	316	223	275
4800	474	586	368	455	308	380	260	321	227	280
4900	482	596	375	463	312	386	264	326	231	285
5000	490	606	381	470	318	393	268	332	235	290
5100	499	617	388	476	324	400	273	338	239	294
5200	507	627	394	486	328	406	278	343	243	300
5300	516	637	400	494	334	413	282	349	246	304
5400	524	647	407	502	340	420	287	354	250	310
5500	532	657	413	510	344	426	292	360	254	314
5600	539	667	420	518	350	433	296	366	258	319
5700	548	677	426	526	355	439	300	371	262	324
5800	556	688	432	534	361	446	305	377	266	329
5900	565	698	439	541	366	452	310	382	270	334
6000	573	708	445	549	371	459	314	388	274	338
6100	581	718	452	557	377	466	318	394	278	343
6200	589	728	458	565	382	472	323	399	282	348
6300	597	739	464	573	387	479	328	405	286	353
6400	605	749	471	581	393	486	332	410	290	358
6500	614	759	477	589	398	492	336	416	294	363
6600	622	769	484	597	403	498	341	422	298	368
6700	631	779	490	605	409	506	345	427	302	373
6800	638	789	496	613	414	512	350	433	305	377
6900	647	799	503	621	419	518	354	438	310	382

7000	655	809	510	629	425	525	359	444	314	387
7100	663	819	515	636	429	531	363	449	317	392
7200	670	829	521	645	434	537	368	454	321	397
7300	678	838	527	652	439	543	372	460	325	402
7400	686	847	533	659	445	550	376	465	329	407
7500	693	857	539	667	449	556	381	471	333	411
7600	700	866	545	674	455	561	385	476	336	416
7700	708	876	551	681	459	567	389	482	340	421
7800	716	885	557	688	465	574	394	487	344	426
7900	723	893	563	695	469	580	399	492	348	431
8000	730	903	569	703	474	586	403	498	352	435
8100	738	912	574	709	479	592	407	504	355	440
8200	746	921	580	717	484	598	411	509	360	445
8300	753	930	586	724	488	604	416	514	364	449
8400	760	939	591	731	493	610	420	520	367	456
8500	767	948	597	738	498	616	425	525	371	459
8600	774	957	603	745	503	621	429	530	375	463
8700	782	966	608	753	508	627	433	536	379	468
8800	788	975	615	759	512	634	438	541	383	473
8900	796	984	620	766	518	639	442	546	387	478
9000	802	991	625	772	522	645	446	551	390	482
9100	809	1000	630	779	526	651	450	556	393	486
9200	816	1009	635	785	530	656	452	562	397	490
9300	823	1017	641	792	535	661	459	567	401	495
9400	830	1026	647	799	540	667	463	572	404	500
9500	837	1034	652	805	544	673	467	577	407	504
9600	843	1043	657	812	548	678	471	582	411	508
9700	850	1051	662	819	553	684	475	587	415	513
9800	857	1059	667	825	558	689	479	592	419	517
9900	863	1067	673	831	562	694	483	597	422	522
10000	870	1075	678	838	566	700	487	602	425	526
10100	876	1083	683	844	570	705	491	607	429	530
10200	882	1091	688	851	575	710	495	612	433	535
10300	889	1099	693	857	579	716	499	617	436	539
10400	895	1106	698	863	584	721	503	622	439	544
10500	902	1114	703	869	587	726	507	627	443	548
10600	908	1122	708	875	591	732	511	632	447	552
10700	914	1130	712	881	596	736	515	637	450	556
10800	920	1138	718	887	600	742	519	641	453	560
10900	926	1145	722	893	604	747	523	647	457	565
11000	932	1153	727	899	608	752	527	651	460	569
11100	938	1160	732	905	612	757	530	656	463	573
11200	944	1168	737	910	616	762	534	661	467	577
11300	950	1175	742	916	620	767	538	665	470	582
11400	956	1182	746	922	624	772	542	670	474	586
11500	962	1189	751	928	628	777	546	675	477	589
11600	968	1197	754	934	632	781	550	680	480	593
11700	974	1204	760	940	636	786	554	684	483	597
11800	979	1211	764	945	640	791	557	689	487	601
11900	985	1218	769	950	644	796	561	694	490	605
12000	991	1225	774	956	647	801	565	698	493	610