

# APPLICATION FOR CHILD SUPPORT MODIFICATION PROGRAM

## PLEASE READ CAREFULLY AND KEEP THIS PORTION OF THE APPLICATION

Thank you for inquiring about the King County Bar Association's Self Help Plus Program. This program is available to low-income to moderate-income King County residents who wish to begin a child support modification. Please note: **THIS PROGRAM DOES NOT ADDRESS ISSUES OF BACK CHILD SUPPORT, OR "ARREARS"**.

If you are interested in participating in this program, please answer all of the questions on this application as accurately as possible. **Every question must be filled in!** The application is used to determine your eligibility. If you do not complete the application it will not be processed. Please sign and date the application and return it to the address at the bottom of the form.

Please allow approximately two weeks for your application to be processed. You will be NOTIFIED BY MAIL about your eligibility and class time. **PLEASE DO NOT CALL OUR OFFICE.** You will be scheduled to attend a *Self Help Plus* class usually lasting approximately 2 hours in length. **This class is absolutely necessary!** Please arrive 15 minutes before the class is scheduled to start. Late arrivals will not be admitted to the class, but will be rescheduled upon request.

The cost of the program, including the class and preparation of your paperwork, is based on your financial eligibility. You will be told the cost when you receive your class notification. Payment must be by exact cash or money order – **NO CHECKS ARE ACCEPTED.**

You will receive a questionnaire when you leave the class. At your second scheduled appointment you must bring your completed questionnaire to have your forms (pleadings) prepared for you by the *Self Help Plus* Program Coordinator or by a law clerk. The Managing Attorney will then review the forms, and after you have paid in full, you will be given your paperwork with written instructions.

If you are not able to attend the scheduled class, please call and cancel. If you have any questions about the program or your legal rights and obligations, you should call the *Self Help Plus* Program at 267-7080.

**PLEASE NOTE: NO VISITORS, SPOUSES, OR CHILDREN MAY ATTEND THE CLASSES OR THE FOLLOW UP APPOINTMENT.**

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# APPLICATION FOR THE *SELF HELP PLUS* CHILD SUPPORT MODIFICATION PROGRAM

**PLEASE PRINT. FILL IN EVERY LINE. IF THE QUESTION DOESN'T APPLY TO YOU, PUT N/A IN THE BLANK. IF EVERY LINE IS NOT FILLED IN AND THE FORM SIGNED, THE APPLICATION WILL NOT BE CONSIDERED. YOU MUST ATTACH TO THIS APPLICATION A COPY OF THE WASHINGTON STATE CHILD SUPPORT ORDER THAT YOU WISH TO MODIFY.**

Who told you about SELF HELP PLUS? ( ) Family Law Facilitator/Courts ( ) DSHS/Prosecuting Attorney  
 ( ) Lawyer Referral or Legal Clinic ( ) OTHER (specify) \_\_\_\_\_

Have you ever used SELF HELP PLUS before? ( ) Yes ( ) No

YOUR NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK HOURS: \_\_\_\_\_

OTHER PARTY'S NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

**YOU CAN USE THIS PROGRAM EVEN IF YOU WERE NEVER MARRIED TO THE CHILDREN'S FATHER OR MOTHER.**

**FINANCIAL STATEMENT**

1. If you are employed, what is your gross (before any deductions) pay per month? \$ \_\_\_\_\_

a. What is your net pay (after deductions) per month? \$ \_\_\_\_\_

b. Indicate type and amount of deduction: \_\_\_\_\_ Taxes \_\_\_\_\_ Child Support Payments  
 \_\_\_\_\_ Garnishments \_\_\_\_\_ Other: \_\_\_\_\_

2. Please list other sources of income and specify type (social security, child support, food stamps, public assistance, unemployment, etc.):

TYPE	AMOUNT	TYPE	AMOUNT
_____	\$ _____	_____	\$ _____

3. How many people live in your household, including yourself? Adults: \_\_\_\_\_ Children: \_\_\_\_\_

4. Are you married now? ( ) Yes ( ) No

If yes, what is your current spouse's income per month \$ \_\_\_\_\_

5. Do you own or partly own a home? ( ) Yes ( ) No

If yes, what is the present market value? \$ \_\_\_\_\_ What was the purchase price? \$ \_\_\_\_\_

What is the mortgage balance? \$ \_\_\_\_\_ How much equity to you have in the house? \_\_\_\_\_

6. I own (or am buying) a car ( ) Yes ( ) No Make/Model \_\_\_\_\_ Year \_\_\_\_\_

Market Value: \_\_\_\_\_ Balance owed: \_\_\_\_\_

7. Savings (total of all accounts, certificates of deposit, etc.) \$ \_\_\_\_\_

8. Other major assets not listed above (real estate, vehicles, stocks/bonds/investments, pensions, 401(k), etc.):

<u>TYPE</u>	<u>VALUE</u>	<u>AMOUNT OWED</u>	<u>TYPE</u>	<u>VALUE</u>	<u>AMOUNT OWED</u>
_____	_____	_____	_____	_____	_____

9. Dependents (children):

NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**BACKGROUND INFORMATION**

1. Was your original decree or order entered in Washington? ( ) Yes ( ) No  
 If Yes: In what county was the decree/order entered? \_\_\_\_\_  
 What is the Superior Court case #? (do not enter DSHS #): \_\_\_\_\_  
 If No: Does the other parent live in Washington? ( ) Yes ( ) No
2. When was the decree/order entered? DATE: \_\_\_\_\_
3. Did you or your attorney sign the decree/order that set your child support obligation? ( ) Yes ( ) No  
 If no: How did you first find out that someone was asking the court to make you pay child support?  
 \_\_\_\_\_
4. Address of the other party: \_\_\_\_\_
5. Is the other party in the military? ( ) Yes ( ) No
7. Who has custody of the children? ( ) me ( ) other party
8. Has the other party served you with papers to modify the decree/order? ( ) Yes ( ) No
9. WHAT IS THE CURRENT AMOUNT OF MONTHLY CHILD SUPPORT ORDERED? \$ \_\_\_\_\_  
**NOTE: You must have a copy of your current order to participate in the Self Help Plus Program.**
10. What was your occupation and income at the time the order was entered?  
 Occupation \_\_\_\_\_ Gross income \$ \_\_\_\_\_
11. Do you have more children now than when the order was entered? ( ) Yes ( ) No
12. Does your new spouse (if applicable) have children from previous relationship? ( ) Yes ( ) No
13. What is the other party's current occupation and income?  
 Occupation \_\_\_\_\_ Gross Income \$ \_\_\_\_\_
14. Does the other party have more children now than at the time the order was entered? ( ) Yes ( ) No
15. Please indicate briefly the reasons why you are seeking a modification of child support:  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the above information is true, correct and accurate to the best of my knowledge. I request that the King County Bar Association determine my eligibility for the **Self Help Plus** Program. If I am found eligible I understand that in exchange for the program fee, *Self Help Plus* will provide me with the necessary materials, instructions, and **LIMITED ASSISTANCE** in the preparation of the forms to initiate my own modification of the child support order. I further understand that **I will remain solely responsible for the steps necessary to complete the modification action, whether contested or uncontested, AND that Self Help Plus DOES NOT REPRESENT ME in my action. If my eligibility for the program was based on incorrect information provided on this application, I understand that I may no longer be eligible to complete the program.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

- MAIL THIS PAGE TO -  
**KING COUNTY BAR ASSOCIATION**  
**SELF HELP PLUS PROGRAM**  
**1200 FIFTH AVENUE, SUITE 600**  
**SEATTLE, WA 98101**

<b><u>FOR OFFICE USE ONLY</u></b>			
ELIGIBLE: ( ) YES ( ) NO	DATE: _____	INITIAL: _____	SHP 1 2
NOTIFIED DATE: _____	INITIAL: _____		
SCHEDULED CLASSES DATE: _____	DATE: _____	DATE: _____	