

**North Dakota Child Support
Request for Review of Child Support Order**

Complete this form to request a review of your child support order to see if the amount should be changed. (Health insurance coverage for your children will also be considered in the review and changed, if necessary.)

Name: _____

Social security number: _____

Address: _____

Telephone number(s):

Cell: _____ Home: _____

Work: _____

Email Address: _____

Name of the other parent on the order: _____

Names of the children covered by the order: _____

Return this form to:

Child Support
PO Box 7190
Bismarck, ND 58507-7190

If you have more than one support order and you want to request a review of each order, please fill out a separate request for each order.

If you are the **parent who pays child support** or if you and the other parent have **split primary residential responsibility** (split custody) or **equal residential responsibility** (equal physical custody) of your children, you must fill out a Financial Affidavit and return it to Child Support along with this request. Also, please attach all the documents listed on the Financial Affidavit that apply to you. Your request for review will not be considered unless you include the Financial Affidavit and documents.