



Mille Lacs Band of Ojibwe
Tribal Child Support Enforcement
43408 Oodena Dr.
Onamia, MN 56359
Tele: 320-532-7755
Fax: 320-532-7476

RE: Request for Review of Child Support

Case Number: _____

REVIEW AND MODIFICATION REQUEST

I, _____, understand that I am entitled to a review of my child support case every thirty-three (33) months, or when there has been a substantial change in circumstances. I understand that a review may result in a possible modification to my child support order and an adjustment to the amount of child support I receive.

I wish to have my child support order reviewed, based on the information below.

Custodial Parent Information:

Name:

Address:

Phone Number:

Name of Employer:

Employer Address & Phone Number:

Child(ren) Name(s):

Date of Last Child Support Order:

Non-Custodial Parent Information:

Name:

Address:

Phone Number:

Name of Employer:

Employer Address & Phone Number:

Date(s) of Birth:

Describe the change in circumstances by which you believe a review of the case should be conducted:

Signature:

Date:

Print Name: