



LAC DU FLAMBEAU BAND OF LAKE SUPERIOR CHIPPEWA INDIANS

**Tribal Child
Support Agency**

P.O. Box 1198 ♦ Lac du Flambeau, WI 54538-1198

(715) 588-4236
FAX (715) 388-0577

RE: Request for Review of Child Support

Case Number: _____

REVIEW AND MODIFICATION REQUEST

I, _____, understand that I am entitled to a review of my support case every 33 months, or when there has been a substantial change in circumstance. 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

Non-Custodial Parent Information

Name:

Name:

Address:

Address

Phone: _____

Phone: _____

Employer Name

Employer Name

Address and Phone Number

Address and Phone Number

Child(ren) Name (s):

Date(s) of Birth

Date of Last Child Support Order:
