

Dear Child Support Recipient or Payor:

The novel coronavirus, known as COVID-19, has caused a worldwide pandemic which has impacted the health and financial wellbeing of many individuals. You may find that you need to seek a modification of child support to account for material changes in your employment, custody, or expenses relating to childcare or health care. To better serve you, the Child Support Administration (CSA) developed this COVID-19 Modification Request packet.

Generally, in order to qualify for a child support modification, there must be a “material change in circumstances.” Examples include:

- Emancipation or change in custody of one or more children
- A change in job status of either party – this includes a loss of employment or reduction in hours, unless this change was voluntary (in other words, one of the parties quit his/her job)
- Increased or decreased childcare expenses
- Medical expenses

This packet includes the following documents:

- A six-page *Modification Review Questionnaire* – This questionnaire includes requests for additional relevant documents that must be submitted with your complete modification packet. ***These additional document requests are highlighted in yellow, bolded, italicized and underlined.***
- The *Notice of Legal Representation* – This document verifies that you understand the attorneys who work for the local Offices of Child Support do **not** represent you.
- The two-page *Financial Statement* – This document, which is signed under penalties of perjury, verifies your income and expenses. You only need to fill in the areas **under** “FINANCIAL STATEMENT” (and **not** the case caption information above that, which will be completed by an attorney if a modification is filed).
- A two-page listing of *Local Child Support Offices* where you will need to submit your complete Modification Packet – This document is yours to keep, so you will know how to contact the appropriate local child support office.
- A listing of *Local Self-Help Centers and Non-Profit Legal Services Providers* that can assist you with seeking a modification of child support **free of charge** – This document is yours to keep in case you want to request a modification on your own.

How to Request a Modification Through the Local Office Child Support

To request a child support modification review from your local child support office, you must complete the Modification Review Questionnaire, Notice of Legal Representation, and Financial Statement (all of which are contained in this packet), and send them – along with the additional documentation requested – to the child support office in the county (or Baltimore City) where your case occurred. Contact information for all local child support offices is provided in this packet.

Failure to submit (1) the Modification Packet; (2) the Notice of Legal Representation; (3) the Financial Statement; and (4) all other requested supporting documents **will** result in delays in your

modification request being processed. Failing to provide additional documentation requested by the local child support office or the opposing party, or willfully withholding or misrepresenting relevant information may result in (1) denial of your modification review request, or (2) withdrawal of a previously filed Motion for Modification of Child Support.

Once the local child support office receives your documents, they will contact the opposing party in the case, and request additional information from him/her. After all documents have been received, you will receive written notification regarding whether the local child support office intends to file a child support modification request in your case. Please note that this process may take up to 180 days.

Please be advised that, if the local child support office determines, in its opinion, that there is sufficient evidence of a material change in circumstances justifying a modification of support, they will file a request for modification regardless of whether the modification benefits the original requestor or the opposing party. For example, if the requesting party wanted to increase child support, but the local child support office determined that a decrease is appropriate, the office will seek a decrease in the child support obligation. Likewise, if the requesting party wanted to decrease the child support obligation, but the local office found that an increase was appropriate, they would file for an increase in child support.

Alternative Methods of Requesting Modification of Child Support

You can also file a request for a modification with the Court on your own instead of filing a request with the local child support office or after the child support office has declined to file a request on your behalf. You may wish to hire a private attorney to assist you with that filing, or you may seek assistance from a non-profit legal service provider or local self-help center. A listing of local self-help centers is provided with this packet. Due to COVID-19, many of the local self-help centers are not operating or have significantly reduced their hours and operations; however the Maryland Court Self-Help Center is available by calling 410-260-1392, or by reaching out online at www.courts.state.md.us/selfhelp.

Your child support award will not change unless a Court reviews a motion to modify the amount and decides that a modification is appropriate. The Court may backdate the change to the date when the motion was filed with this Court. However, the Court cannot modify any arrears that accrued prior to the filing of the Motion for Modification of Child Support with the Court.

If you have any questions about the information in this packet, please call the toll-free CSA hotline at 1-800-332-6347.

Thank you,

Maryland Child Support Administration

Modification Review Questionnaire

Please type or print your answers legibly. Failure to provide legible answers may result in additional time processing your modification request.

CSES Case Number: _____

Requestor's Information			
<i>Please provide the following information about the person requesting a modification of child support</i>			
Full Name			
Social Security Number		Date of Birth	
Home Address			Apt./Suite.
Home Address (City, State, zip code)			
Cell Phone No.		Home/Work Phone No.	
Email Address			

Please provide a photo or copy of your driver's license or identification to verify your identity.

Other Party's Information			
<i>Please provide as much information about the opposing party (the other parent or custodian) as is known</i>			
Full Name			
Social Security Number		Date of Birth	
Home Address			Apt./Suite.
Home Address (City, State, zip code)			
Cell Phone No.		Home/Work Phone No.	
Email Address			

Child(ren)'s Information – for this case ONLY			
Child #1's Name		Date of Birth	
Child #2's Name		Date of Birth	
Child #3's Name		Date of Birth	
Child #4's Name		Date of Birth	

Please provide a copy of the current child support order and the child support guidelines worksheet that was used to calculate your current child support obligation.

I am requesting a/an: *(select one)*

- ☐ **INCREASE in the support obligation**
- ☐ **DECREASE in the support obligation**

I am requesting this modification because: *(check all that apply)*

- ☐ Child[ren] has/have emancipated:

Child #1's Name		Date of Birth	
Child #2's Name		Date of Birth	
Child #3's Name		Date of Birth	

- ☐ I am disabled/receiving Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI)

- ☐ There has been a decrease in my income because _____
- _____
- _____
- _____

- ☐ I am incarcerated at _____ (Expected Release Date: _____)
- Facility Name

If you are incarcerated, please provide sentencing and commitment paperwork.

- ☐ Child now resides with me, and I have been granted custody of child

If there has been a change in custody, please provide Court Order.

- ☐ Other: _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Information Required to Calculate Maryland's Child Support Guidelines

(If you fail to provide all requested information, your case may be rejected)

1. Other Child Support Obligations

Do you have any ***other*** biological or legally adopted children that you support? *(select one)*

☐ Yes ☐ No

If you selected Yes, please provide the name(s) and date(s) of birth for each child

Child #1's Name		Date of Birth	
Child #2's Name		Date of Birth	
Child #3's Name		Date of Birth	

Please list all existing Court ordered support obligations that **you** are obligated to pay
(Please use an additional sheet if necessary)

Child(ren) on Order	Amount	Frequency	State/County that issued order
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

If you are under Court Order to pay child support for any of these *OTHER* children, you must provide proof of this obligation (for example the Court Order or Separation Agreement); and proof that you are making payments (such as payment history from the issuing Child Support Agency, receipts of payment or cancelled checks).

2. Requesting Party's Income Information

What is **your** employment status? *(select all that apply)*

☐ Employed ☐ Self-Employed ☐ Unemployed

If you selected Employed, please provide the following information about your employment:

Business/Employer's Name	Work Address	Gross Income (before taxes)	Frequency (weekly, biweekly, monthly, yearly)
		\$	
		\$	

List any other sources of income (such as Social Security Benefits, Unemployment, Retirement, Military Benefits, etc.) that **you** receive:

Source(s) of Income	Income Amount	Frequency (weekly, biweekly, monthly, yearly)
	\$	
	\$	

To verify your income, you must provide:

- **Four (4) of your most recent paystubs;**
- **W-2s, 1099s, tax forms, or tax returns for the previous year;**
- **A copy of your award statement, if you receive Social Security Benefits or unemployment; OR**
- **Any other documentation you have regarding how you earn an income.**

If you selected Unemployed, please provide the following information about your most recent employment:

Business/Employer's Name	Work Address	Gross Income (before taxes)	Frequency (weekly, biweekly, monthly, yearly)
		\$	
		\$	

Please state the circumstances as to why you are no longer employed: _____

To verify your claim, you must provide:

- **Notice/Letter of Termination;**
- **Application for Unemployment Benefits; OR**
- **Any other documentation relating to your unemployment.**

3. Other Party's Income Information (if known)

What is **the other party's** employment status (if known)? (select all that apply)

☐ Employed

☐ Self-Employed

☐ Unemployed

If the other party is employed, please provide the following information (if known):

Business/Employer's Name	Work Address	Gross Income (before taxes)	Frequency (weekly, biweekly, monthly, yearly)
		\$	
		\$	

List any other sources of income (such as Social Security Benefits, Unemployment, Retirement, Military Benefits, etc.) that the **other party receives** (if known):

Source(s) of Income	Income Amount	Frequency (weekly, biweekly, monthly, yearly)
	\$	
	\$	

4. Health Insurance Information

Who covers the health insurance for the child(ren) in this case?

☐ Requesting party
(Person filling out form)

☐ Other party

☐ Other: _____
(For example, the State, stepparent, or other 3rd party)

If you are NOT currently providing health insurance, please provide a statement from your current employer indicating whether or not health insurance is available through your employment and, if so, the cost to cover you alone and the total cost to cover you and your child(ren).

If **you** provide insurance for the child(ren), please provide the following information

Health Insurance Premium you pay	Frequency (weekly, bimonthly, monthly)	Type of Policy	Number of people on Policy
\$		<input type="checkbox"/> Individual <input type="checkbox"/> Family	

Please provide documentation to verify the cost of providing health insurance to the child(ren).

Are there any extraordinary medical expenses (uninsured expenses for medical treatment exceeding \$250 per year, including costs for dental treatment, vision care, physical therapy, or counseling/psychiatric therapy) associated with the child(ren)?

☐ No ☐ Yes – If so, what is the estimated cost per month? \$ _____

Please provide receipts or benefits statements for any extraordinary medical expenses.

5. Work-Related Childcare Expenses

Are there any work-related childcare expenses for the child(ren)? (select one)

☐ Yes ☐ No

If there are childcare expenses, how much do **you** pay? \$ _____

How often? (select one) ☐ Weekly ☐ Biweekly ☐ Monthly

Please provide recent cancelled checks, receipts, a notarized statement from your childcare provider, or a childcare contract.

If there are childcare expenses, how much does the **other party** pay? \$ _____

How often? (select one) ☐ Weekly ☐ Biweekly ☐ Monthly

Who provides childcare for the child(ren)?

Name (Business or Person)	Address	Phone Number

6. Custody

How many overnights do(es) the child(ren) spend with **you** per year? _____

How many overnights do(es) the child(ren) spend with **the other party** per year? _____

7. Alimony

Is alimony paid or received in **this case**? (select one) ☐ No ☐ Yes

If so, do you pay or receive the alimony? (select one)

☐ I pay it to the other party ☐ I receive it from the other party

What is the amount of alimony paid or received \$ _____?

How often? (select one) ☐ Weekly ☐ Biweekly ☐ Monthly

Do you **receive** any alimony payments **in any other cases**? ☐ No ☐ Yes

If so, how much do you receive \$ _____?

How often? (select one) ☐ Weekly ☐ Biweekly ☐ Monthly

Are you ordered to **pay** alimony to anyone **in any other case**? ☐ No ☐ Yes

If so, how much do you pay \$ _____?

How often? (select one) ☐ Weekly ☐ Biweekly ☐ Monthly

Please provide proof of obligation.

*****NOTICE OF LEGAL REPRESENTATION*****

Attorneys working in the child support program represent the Child Support Administration of the State of Maryland and not any individual in performance of the attorneys' duties.

Please be advised of the following information regarding the representation of the attorney:

1. **The child support attorney does not represent you or your personal interest.** The child support attorney represents the local Office of Child Support and the Child Support Administration of the State of Maryland. There is no attorney-client relationship between you and the attorney, between you and the child support office, or any employees thereof. Any information you provide may not be treated as confidential, except as provided by law.
2. You may be required to appear as a witness in court. Your failure to appear for court pursuant to an order or subpoena could result in your arrest or the dismissal of your pleading.
3. Attorneys working in the child support program will not become involved in custody and visitation disputes between the child's parents or other family members. You may need to obtain your own legal representation if custody or visitation becomes an issue in your child support case.
4. While you are receiving State child support services, you may also elect to hire a private attorney to represent your interest in your child support proceedings.

If you have any questions regarding this notice, please call your local child support office.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I UNDERSTAND THE CONTENTS OF THIS NOTICE OF LEGAL REPRESENTATION.

SIGNATURE

DATE

Circuit Court for _____, Maryland

Located at _____ Case No. _____

Plaintiff VS. _____
Defendant

Street Address _____
Street Address

City, State, Zip Telephone _____
City, State, Zip Telephone

FINANCIAL STATEMENT

I, _____, state that:
Name

I am the _____ of the minor child(ren),
Specify relationship (for example, mother, father, aunt, grandfather, guardian, etc.)

including children who have not attained the age of 19 years, are not married or self-supporting, and are enrolled in elementary school:

_____ Child's Name	_____ Date of Birth	_____ Child's Name	_____ Date of Birth
_____ Child's Name	_____ Date of Birth	_____ Child's Name	_____ Date of Birth
_____ Child's Name	_____ Date of Birth	_____ Child's Name	_____ Date of Birth

The following is a list of my **monthly**¹ income and expenses:
(See definitions on the following page before filling out)

Total monthly income (before taxes): \$ _____

Child support I am paying for my **other child(ren)** each month: \$ _____

Alimony I am paying each month to _____: \$ _____
Name of Person(s)

Alimony I am receiving each month from _____: \$ _____
Name of Person(s)

Expenses for the **child(ren)** listed above:

Monthly health insurance premium: \$ _____

Monthly work-related childcare expenses: \$ _____

Extraordinary monthly medical expenses: \$ _____

School and transportation expenses: \$ _____

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information, and belief.

Signature _____
Date

¹ To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3 and yearly expenses should be divided by 12. If you do not pay the same amount each month for any of the categories listed, figure what your average monthly expense is.

Financial Statement Definitions

Total Monthly Income: Your total monthly income from employment is the gross amount before taxes are taken out. Include income from all sources including, self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. Do not report benefits from means-tested public assistance programs such as food stamps or Temporary Cash Assistance.

Childcare Expenses: Actual childcare expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

Extraordinary Medical Expenses: Uninsured expenses in excess of \$250 in a calendar year for medical treatment, including orthodontia, dental treatment, vision care, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

School and Transportation Expenses: Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child and expenses for transportation of the child between the homes of the parents.

Local Child Support Offices

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Note: Please use Email Addresses for sending completed modification applications *only*

Allegany County

1 Frederick Street, Cumberland MD 21502

Email: ACDSS.CSA@maryland.gov

Anne Arundel County

Mailing Address:

PO Box 1870, Annapolis, MD 21404

Office Location:

44 Calvert Street, Annapolis MD 21401

Email: aaocs.modpacket@maryland.gov

Baltimore City

Baltimore City East:

1900 Howard St., Ste. 102, Baltimore, MD 21218

Baltimore City West:

2401 Liberty Heights Avenue, # 4645,

Baltimore, MD 21215

Email: BaltimoreCityR&AUnit@maryland.gov

Baltimore County

170 W. Ridgely Rd., Suite 200, Lutherville, MD 21093

Email: supportofficer@juno.com

Calvert County

200 Duke Street, Prince Frederick, MD 20678

Email: calvert.bose@maryland.gov

Caroline County

Mailing Address:

PO Box 400, Denton, MD 21629

Office Location:

300 Market Street, Denton, MD 21629

Email: caroline.childsupport@maryland.gov

Carroll County

Mailing Address:

PO Box 930, Westminster, MD 21158

Office Location:

1232 Tech Court, Westminster, MD 21157

Email: Carroll.CSA_DHS@maryland.gov

Cecil County

Mailing Address:

PO Box 1160, Elkton, MD 21922

Office Location:

170 E. Main Street, Elkton, MD 21921

Email: Joshua.natale@maryland.gov

Charles County

Mailing Address:

PO Box 1010, LaPlata, MD 20646

Office Location:

200 Kent Avenue, LaPlata, MD 20646

Email: tyshea.johnson@maryland.gov

Dorchester County

627 Race Street, Cambridge, MD 21613

Email: dorchesterdss.childsupport@maryland.gov

Frederick County

Mailing Address:

PO Box 237, Frederick, MD 21705

Office Location:

1888 N. Market Street, Frederick, MD 21701

Email: fcdss.info@maryland.gov

Garrett County

12578 Garratt Highway, Oakland, MD 21550

Email: tanya.kessell@maryland.gov

Harford County

101 S. Main Street, Suite 200, Bel Air, MD 21014

Email: Harfordcsa.Legal@maryland.gov

Howard County

9780 Patuxent Woods Drive, Columbia, MD 21046

Email: Hococsa.legal@maryland.gov

Kent County

315 High Street, Suite 208, Chestertown, MD 21620

Email: lindsay.blume@maryland.gov

Montgomery County

Mailing Address:

51 Monroe Street, Suite 811, Rockville, MD 20850

Office Location:

51 Monroe Street, 10th Floor, Rockville, MD 20850

Email:

MontgomeryCountyOffice.ChildSupport@maryland.gov

Prince George's County

4235 28th Avenue, Suite 135, Temple Hills, MD 20748

Email: legal.pgcs@maryland.gov

Local Child Support Offices

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Note: Please use Email Addresses for sending completed modification applications *only*

Queen Anne's County

Office Location:

125 Comet Drive, Centreville, MD 21617

Email: vincenta.parker1@maryland.gov

Somerset County

Mailing Address:

PO Box 369, Princess Anne, MD 21853

Office Location:

30397 Mt. Vernon Road, Princess Anne, MD 21853

Email: denise.merrick@maryland.gov

St. Mary's County

Mailing Address:

PO Box 509, Leonardtown, MD 20650

Office Location:

23110 Leonard Hall Drive, Leonardtown, MD 20650

Email: dhscspip.saintmary@maryland.gov

Talbot County

301 Bay Street, Unit 5, Easton, MD 21601

Email: Nancy.leszczynski2@maryland.gov

Washington County

Mailing Address:

PO Box 1419, Hagerstown, MD 21741

Office Location:

122 N. Potomac Street, Hagerstown, MD 21741

Email: washingtoncounty.childsupport@maryland.gov

Wicomico County

31901 Tri-County Way, St. 101, Salisbury, MD 21804

Email: april.schenck@maryland.gov

Worcester County

Mailing Address:

PO Box 39, Snow Hill, MD 21863

Office Location:

299 Commerce Street, Snow Hill, MD 21863

Email: csa.worcester@maryland.gov

Non-Profit Legal Service Providers & Local Family Law Self-Help Centers

Maryland Legal Aid Bureau:
www.mdlab.org

Maryland Volunteer Lawyers Services:
www.mvlslaw.org

For information on local *Family Law Self-help Centers*, go to www.courts.state.md.us/family/familyselfhelp

Allegany County

59 Prospect Square, Cumberland
310-722-3390

Anne Arundel County

8 Church Circle, Suite 303, Annapolis
410-222-1153

Baltimore City

111 N. Calvert Street, Room 114, Baltimore

Baltimore County

401 Bosley Avenue, Room 101, Towson

Calvert County

175 Main Street, Prince Frederick
410-535-1600 (ext. 2516)

Caroline County

109 Market Street, Room 200, Denton
410-479-1811

Carroll County

55 N. Court Street, Room 208, Westminster
410-386-2751

Cecil County

129 Main Street, Room 205, Elkton
410-996-1157

Charles County

200 Charles Street, LaPlata
301-932-3278

Dorchester County

206 High Street, Room 101, Cambridge
410-228-1395

Frederick County

100 W. Patrick Street, Lower Level, Frederick
Frederick Community College, Bldg. E
301-600-2023

Garrett County

203 S. 4th Street, Oakland
301-334-7602

Harford County

20 W. Courtland Street, Level A, Bel Air
410-638-4916

Howard County

8360 Court Avenue, Room 209, Ellicott City
6600 Cradlerock Way, Columbia
410-313-2135

Kent County

102 N. Cross Street, 2nd Floor, Chestertown
410-810-1059

Montgomery County

50 Maryland Avenue, South Tower, Room 1500,
Rockville
240-777-9076

Prince George's County

14735 Main Street, Rooms M0416 & M2435, Upper
Marlboro
301-780-8000
240-391-6370

Queen Anne's County

200 N. Commerce Street, Suite 114, Centreville
200 Library Circle, Stevensville
121 S. Commerce Street, Centreville

Somerset County

30513 Prince William Street, Princess Anne
410-621-7583

St. Mary's County

41605 Courthouse Drive Leonardtown
21677 Franklin Delano Roosevelt Blvd., Lexington
Park
301-475-7844 (ext. 4121)

Talbot County

11 N. Washington Street, South Wing, Easton
100 W. Dover Street, Easton
410-770-6806

Washington County

24 Summit Avenue, Room 229, Hagerstown
240-313-2580

Wicomico County

101 N. Division Street, Salisbury
410-334-3110

Worcester County

One W. Market Street, Room 101, Snow Hill
410-632-5638

