



# TRANSITIONING OFFENDERS PROGRAM<sup>®</sup>

PO Box 900 – Shelton, WA 98584 TOPwa.org

## CHILD SUPPORT INFORMATION

Paying child support is an important responsibility for parents. However, being incarcerated makes paying child support an incredible hardship. Incarcerated men and women may request a **Modification** of your current monthly support order and/or request a **Conference Board Review** to be considered for a write-off of arrears (back support) owed to the state. It is important to at least do the modification right now to stop your monthly payments from stacking up too much.

Included is a “**DCS Modification Request**” form that will open the process to lower your monthly support order. Make sure you check the box “**I have become disabled or incarcerated**” in the second section on the form provided. In most cases your monthly support payment will be lowered to \$50. In the “**Other**” section, ask them to remove the hold on your driver’s license if this applies.

There are two basic types of child support orders, Administrative and Court Ordered. **Administrative Orders** are where DCS contacted you and opened a child support claim on you and are easier to modify. If the mother/guardian or the child are on state aid this is usually done automatically. **Court Ordered** ones are when there was child support ordered through a court hearing that you may or may not have attended or been notified of.

Just send in the modification form and they will let you know either way. Use your full name, a case number (if you have it) or your Social Security Number to help them identify you in any communication with DCS. All correspondence to DCS now goes through a central mailing address:

**Division of Child Support (DCS)**  
**P.O. Box 11520**  
**Tacoma, WA 98411**

With the second sheet of this packet you can request a **Conference Board Review** to address “arrears” (back support owed). **Important:** If you are 6 months or less to your ERD send this in with the modification request. Otherwise, wait until 6 months short so the \$50 a month payments that will stack up each month for the rest of your incarceration can be included in this process. All parties will benefit when you have a clean slate in order to stay current with your child support payments after release.

Fill out both sides of the form requesting a Conference Board Review. The “Inmate Information” sheet, in most cases, gives DCS all the facts they need for considering this request. What they are looking for, in considering a write off of any arrears, is an honest assessment of your future earning power. Make sure to fill out the information sheet thoroughly; cover all issues that will impact how much money you will be able to make upon release and the debts you owe.

They generally forgive any amounts owed directly to them that stacked up when the mother/guardian or child were on any public assistance. If they have never been on such aid, the debt is owed directly to the mom/guardian and that cannot be forgiven by them; only the mom/guardian can do that by sending DCS an affidavit stating they are forgiving the debt.

Once your information is received, DCS will review your case. If you meet the criteria, they will start the process of modifying your current support and/or a write-off of back support.

If you have further questions send TOP a kite asking for an Interview. We will be happy to try and assist you in any way we can.

*Our goal is to help transitioning offenders obtain a place to live, reliable employment, a means of transportation, education and community support, by providing them with the resources available in their communities.*

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Call the DCS office nearest you or call 800-442-KIDS (5437).

**DCS Offices**

Everett 800-729-7580  
425-438-4800

Kennewick 800-345-9981  
509-374-2000

Olympia 800-345-9964  
360-664-6900

Seattle 800-526-8658  
206-341-7000

Spokane 800-345-9982  
509-363-5000

Tacoma 800-345-9976  
253-597-3700

Vancouver 800-345-9984  
360-696-6100

Wenatchee 800-535-1113  
509-886-6800

Yakima 800-441-0859  
509-249-6000

Headquarters 800-457-6202  
360-664-5000

**Instructions:**

Fill out the form on the right, and mail it to:

**DIVISION OF CHILD SUPPORT  
PO Box 11520  
TACOMA WA 98411-5520**

# DCS Modification Request

**Please send me forms to:**

- Petition for Modification of Administrative Order.
- Ask DCS to review my Court Order to find out if DCS can help modify the order
- Apply for full enforcement services from DCS.

**I believe my order needs modification or change because:** *(Check any that apply)*

- The income of one or both parents changed
- At least one of the children :
  - Was less than 12 years old when the child support order was entered and is now 12 years or older
  - Has changed residences
  - Is no longer a dependent or the Custody has changed
- My order does not include health insurance
- I have become disabled or incarcerated

Other (tell us the details)

|              |       |        |              |
|--------------|-------|--------|--------------|
| Name (Print) | First | Middle | Last         |
| Address      |       | Unit   | Cell         |
| City         | State |        | Zip          |
| Signature    | Date  |        | MM / DD / YY |



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TOPwa.org

**Division of Child Support (DCS)  
PO Box 11520  
Tacoma, WA 98411**

**RE: Conference Board Review Request**

**To Whom It May Concern:**

**My name is \_\_\_\_\_, DOC#\_\_\_\_\_ and**

**I am currently incarcerated at a Washington State Department of Corrections facility**

**I am requesting a “Conference Board Review” asking for relief of 100% of my child support arrears.**

**Please accept the “Inmate Information” form on the reverse side as the necessary data to support this request.**

**You can contact me at the address below. Thank you for your time and consideration.**

\_\_\_\_\_  
*Signature*

Name \_\_\_\_\_ DOC# \_\_\_\_\_

Unit/Cell \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, WA Zip \_\_\_\_\_

**TO: DIVISION OF CHILD SUPPORT (DCS)  
Inmate Information**

**This information is submitted to support my request for relief of 100% of my child support arrears through a Conference Board Review as requested on page one of this form.**

1. How long will you be incarcerated? (this sentence) \_\_\_\_\_ (cumulative lifetime: current sentence plus all other jail and prison time combined ) \_\_\_\_\_
2. When do you expect to be released? \_\_\_\_\_
3. Are you working now? (Including any gratuity work.) † Yes † No
4. If you are working, how much are you earning? \_\_\_\_\_
5. What are your plans when you are released? Include steps to finding housing and sustainability. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. How many years of school did you complete? \_\_\_\_\_
7. What kind of jobs are you qualified to do? \_\_\_\_\_
8. What kind of work did you do before you were incarcerated? \_\_\_\_\_
9. Will you be able to return to this type of employment? \_\_\_\_\_
10. Do you now have any major debts? If so, who do you owe and how much (including legal financial obligations)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. If you own any property or assets, what do you own and what is it worth? \_\_\_\_\_
12. If you have any medical or other condition that requires treatment or affects your ability to work, describe the condition. \_\_\_\_\_  
\_\_\_\_\_
13. Have you been denied food, clothing, shelter, medical care, or other basic necessities because of the Department of Corrections support withholding? If you have, what specific item(s) have you been denied? State all details. \_\_\_\_\_  
\_\_\_\_\_
14. Have you received DSHS services (like food stamps, TANF, GAU) in the past? \_\_\_\_\_  
\_\_\_\_\_
15. Provide any other information DCS should know before making a decision. Include any obstacles to your future earning power. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I am requesting a Conference Board asking for relief of 100% of my child support arrears.**

I have signed here to affirm my answers are correct and true.

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
YOUR PRINTED NAME

\_\_\_\_\_  
CASE NUMBER (or Social Security number)

\_\_\_\_\_  
DOC NUMBER

\_\_\_\_\_  
YOUR RETURN ADDRESS