

## INTRODUCTION

This forms packet was created to help people who are incarcerated ask the court for a change in the amount of their child support order. All motions are filed with the Family Court Clerk's Office. The packet is for use in simple cases where the only issue is the amount of the order. If your case is complicated, you should hire a lawyer if you choose. (See the section called "What if I need a Lawyer," below.)

## WHEN CAN A CHILD SUPPORT ORDER BE CHANGED?

A support order can be changed in two ways. First, a support order can be changed when there has been a substantial change in circumstances that makes the original order unfair to one or both of the parties. For example, if the person paying support was not working when the order was made and is now working, that would probably be a good reason to ask the Court to increase the amount of the order. On the other hand, if the person paying support was working when the order was made, but is now unemployed due to incarceration, that would probably be a good reason to ask the Court to lower or stop the support amount. Remember, the court will not change a support order unless there has been a substantial change in circumstances since the current support order was issued.

Second, a support order can also be changed, in IV-D cases, every three (3) years, upon the request of either party or the State if the amount of the new order would differ from the existing order when the guidelines are applied.

## DO THE CHILD SUPPORT GUIDELINES APPLY TO MY CASE?

If the court finds that there has been a substantial change in circumstances that requires a change, or three years have passed since the order was entered or reviewed, Rhode Island law requires that the child support guidelines be used to determine the amount of the new order. Information about the guidelines and worksheets for computing guideline amounts are available at all Rhode Island Family Court Domestic and Reciprocal Clerks' offices. This information is also available at the ACI facility for your convenience. You may want to review guideline requirements before you file your Motion. It is possible that a new order based on the child support guidelines may be the same, higher or lower than the existing order.

## WHAT ABOUT CUSTODY AND VISITATION ISSUES?

The forms and instructions included in this packet are not designed to help either party change visitation or custody arrangements in the original order. You may discuss the issues with a lawyer and have the lawyer go to court with you or you can file such motions on your own or "pro se". Attached is a Motion for Relief form that you may utilize for that purpose.

## WHAT IF A PATERNITY JUDGMENT WAS ENTERED AND I NOW WANT DNA TESTING?

If you were served with a paternity complaint and you failed to respond, most likely a default judgment was issued by the court stating that you are the father of the child. If you now want DNA testing to make sure you are the father, you may choose to complete

the Motion for Relief stating your reasons. It is within the Court's discretion as to whether the motion will be granted based upon the circumstances.

### WHAT IF I NEED A LAWYER?

If you do not already have a lawyer, and you need legal advice, Lawyer Referral Services of the Rhode Island State Bar Association can help you find one, and give you information about reduced fee services.

### WHAT ABOUT THESE DELINQUENCY NOTICES I HAVE BEEN RECEIVING?

If you receive a notice from the Child Support Agency stating that you are in arrears and that certain enforcement action may be taken, you must follow the instructions in the notice. If you do not follow the instructions, enforcement actions as follows may be taken:

- Your bank account may be frozen
- Your drivers license may be suspended
- You may be reported to the credit bureau
- A lien may be placed on real estate that you own.

The worst thing you can do is to ignore the notice!

If you do not understand the notice, call Ernesto Figueroa at (401) 222-7471.

### WHAT IS INCLUDED IN THIS PACKET?

This packet contains the basic forms you will need to request a change in your support order.

If you want to request a change in your child support order, you must use the Pro Se Motion to Modify or Pro Se Motion for Review and Adjustment and the Pro se Entry of Appearance. Also the DR6A Asset and Liability form must be completed and attached to your Motion. Even if you do not have income or expenses you must complete the DR6A indicating this. You must mail this motion to the Clerks Office and request a hearing date and writ of habeas corpus. You may use the form letter included in this packet to do so. The clerk will assign you a court date.

### WHAT DO I NEED TO GIVE THE COURT?

1. If you are REQUESTING A CHANGE in your support order, you must:

- a. Mail the original and two copies of the Pro Se Motion to Modify or Motion for Review and Adjustment, the DR6A Asset and Liability Form, the Pro se Entry of Appearance and the cover letter to:

**NOTE: ALL MOTIONS MUST BE FILED IN THE COUNTY THAT ISSUED THE ORIGINAL ORDER.**

### HOW DO I NOTIFY THE OTHER PARTY?

know the party's address, you must notify the party by certified mail. The "green" return card must be presented to the court on your hearing date.

2. If you are an obligor filing a Motion and you do not know the custodial parent's address, the following procedure should be utilized:

- a. You should ask the Clerk to look at the Court file. Unless the file is sealed, everything contained in the file is of public record including the custodial parent's address. A paternity case however, is confidential in nature and is not of public record.
- b. If the address is not in the file, you must complete the Request for Service form. The form should have two (2) copies of the motion attached and you should mail the form to Child Support Enforcement at 77 Dorrance Street, Third floor, Providence, RI 02903.

The child support agency will notice the custodial parent if she/he is using the services of this agency. If she is not a client, the motion will be returned to you since we will not be able to assist you with respect to service.



STATE OF RHODE ISLAND  
AND  
PROVIDENCE PLANTATIONS

FAMILY COURT  
AFFIDAVIT OF INDIGENCY

CASE NO. \_\_\_\_\_

VS

**AFFIDAVIT OF INDIGENCY**

I, \_\_\_\_\_, DO HEREBY DEPOSE AND SAY:

MY ONLY SOURCE OF INCOME IS \_\_\_\_\_

THE INCOME I DO RECEIVE IS USED ON THE BASIC NECESSITIES FOR MYSELF AND MY FAMILY.

I HAVE NO LIQUIDABLE ASSETS OR CASH RESERVES.

DUE TO MY INDIGENCY, I AM UNABLE TO PAY THE COSTS OF SERVICE OF PROCESS AND FILING FEES.

PRESENTED BY:

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE ZIP CODE

SUBSCRIBED AND SWORN TO BEFORE ME IN \_\_\_\_\_

IN THE COUNTY OF \_\_\_\_\_ IN THE STATE OF RHODE ISLAND AND PROVIDENCE

PLANTATIONS, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

\_\_\_\_\_  
CLERK / NOTARY PUBLIC



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

FAMILY COURT  
One Dorrance Plaza  
Providence, R.I. 02903-3975

FORMA PAUPERIS  
COMPLAINT/MOTION/PROCESS

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
VS.  
\_\_\_\_\_

MOTION TO PROCEED IN FORMA PAUPERIS--COMPLAINT/MOTION/PROCESS

The \_\_\_\_\_ hereby moves this Court to waive the filing fees and costs of services of process on the ground that the \_\_\_\_\_ is indigent and has no funds out of which to pay such costs. See Silvestro V. Almonte, 484 A. 2d 900 (R.I. 1984). The \_\_\_\_\_ submits an Affidavit of Indigency in support of this Motion.

\_\_\_\_\_  
Signature

ORDER

It is hereby Ordered that the \_\_\_\_\_ may file a complaint/motion/ in this matter without payment of a filing fee and that the Sheriff of \_\_\_\_\_ County shall serve any and all Complaints/Motions/ Summonses, and Orders on the \_\_\_\_\_ behalf in this matter without charge.

APPROVED:

ENTERED:

\_\_\_\_\_  
Justice of the Family Court

\_\_\_\_\_  
Clerk of the Court

Presented by:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

Address: \_\_\_\_\_ Zip \_\_\_\_\_

STATE OF RHODE ISLAND  
PROVIDENCE, SC.

FAMILY COURT

FILE NO: \_\_\_\_\_

\_\_\_\_\_  
VS.  
\_\_\_\_\_

PETITION FOR WRIT OF HABEAS CORPUS

Now comes the Plaintiff/Defendant in the above-entitled matter and states that he is presently incarcerated at the Adult Correctional Institutions and a hearing is scheduled on his/her Motion for

\_\_\_\_\_ on \_\_\_\_\_ at 9:00 a.m.  
at the Providence County Family Court, One Dorrance Plaza, Providence, Rhode Island.

WHEREFORE, your Plaintiff/Defendant prays, that this Honorable Court issue a Writ of Habeas Corpus directed to Director of the Adult Correctional Institutions, Cranston, Rhode Island in order to produce the said \_\_\_\_\_ before the said Family Court, One Dorrance Plaza, Providence, Rhode Island on \_\_\_\_\_ at 9:00 A.M.

It is hereby ORDERED, ADJUDGED and DECREED.

Let Writ of Habeas Corpus issue as prayed for and returnable

on \_\_\_\_\_

JUSTICE: \_\_\_\_\_

PRESENTED BY: \_\_\_\_\_  
CLERK



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

FAMILY COURT STATEMENT OF ASSETS LIABILITIES • INCOME • EXPENSES I

NAME (PRINT) Plaintiff Defendant CIVIL ACTION - FILE NO.

EARNINGS table with columns for GROSS and NET, and rows for Weekly, Bi-Weekly, and Monthly.

To be filed with complaints on divorce, bed & board, miscellaneous complaints and when an answer or modification is filed.

GROSS INCOME

- 1. Salary, Wages, Commissions, Bonus, Overtime. (Attach List of Amounts)
2. Pensions or Retirement
3. Social Security
4. Disability/Unemployment
5. Public Assistance
6. Child/Spousal Support
7. Dividends & Interest
8. Rents (Receipts less Cash Expenses, Attach Schedule)
9. Contributions to Household
10. Income from Other Sources (Receipts less Total Cash Expenses, Attach Schedule)
11. TOTAL GROSS INCOME

INCOME DEDUCTIONS

- 12. Federal Income Tax
13. State Income Tax
14. Social Security
15. State Disability (TDI)
16. Medical Insurance
17. Life Insurance
18. Union & Other Dues
19. Retirement & Pension
20. Savings Plan
21. Other Deductions:
22. TOTAL DEDUCTIONS
23. NET INCOME (11-22)

24. Withholding Information: No. of Exemptions Claimed Marital Status

25. Medical Insurance: Dental Insurance: Life Insurance: Life/Owner: Life/Face Amount: Beneficiary: Life/Cash Surrender Value:

Table for 26. PROPERTY UNDER APPLICANT'S CONTROL with columns for NAME OF INSTITUTION, ACCOUNT #, HIGHEST BALANCE LAST 6 MONTHS, and PRESENT VALUE.

27. OTHER PROPERTY A. Stocks/Bonds B. Tangible Property C. Real Property TOTAL PROPERTY

D. Yes No (I) (We) received financing from Rhode Island Housing and Mortgage Finance Corporation (RIHMFC) to buy the above listed real property. (Attach Schedules for 26A - E & 27A - D) (OVER)

SHOW TOTALS, ATTACH SUPPORTING DETAIL, AND KEEP CURRENT UP TO THE COURT DATE.

**STATEMENT OF ASSETS • LIABILITIES • INCOME • EXPENSES II**

(FOR EACH ITEM LISTED, FILL IN ONLY THE WEEKLY, MONTHLY, OR YEARLY COLUMN.)

NEEDS & EXPENSES	WEEKLY	MONTHLY	YEARLY	AMT. LAST PAID
28. Rent .....				
29. Grocery, Canned Goods, Meat .....				
30. Dairy Products, Bread, Rolls .....				
31. Heat (Coal, Gas, Oil) .....				
32. Electricity .....				
33. Propane/Bottled Gas .....				
34. Telephone .....				
35. Clothing .....				
36. Medical, Medicines .....				
37. Dental .....				
38. Personal, Cosmetics, Haircut .....				
39. Laundry, Dry Cleaning .....				
40. Car Insurance, Registration .....				
41. Gas, Oil, Maintenance-Auto .....				
42. Spending Money .....				
43. Traveling Expenses .....				
44. Life Insurance .....				
45. Cigarettes .....				
46. Union Dues .....				
47. Blue Cross .....				
48. Legal Fees .....				
49. _____				
<b>OTHER EXPENSES</b>				
50. Mortgage .....				
51. House Taxes .....				
52. Home Insurance .....				
53. Upkeep for House .....				
54. Water Bill .....				
55. _____				
<b>LOANS &amp; OBLIGATIONS</b>				
56. Auto Loan Balance _____				
Auto Year _____				
Auto Make _____				
57. _____				
58. _____				
59. _____				
<b>TOTAL</b> .....				
60. Divide Monthly by 4.3 .....				
61. Divide Yearly by 52 .....				
62. <b>GRAND TOTAL</b> .....				

\_\_\_\_\_  
SIGNATURE PLAINTIFF/DEFENDANT

SUBSCRIBED AND SWORN TO ME ON THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 19 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC



STATE OF RHODE ISLAND  
COUNTY OF \_\_\_\_\_

FAMILY COURT

\_\_\_\_\_  
Plaintiff

VS

C.A. No. \_\_\_\_\_

\_\_\_\_\_  
Defendant

**PRO SE MOTION FOR RELIEF**

Now comes the \_\_\_\_\_ in the above captioned matter and pursuant to 15-5-16.24 and 15-5-16.7(b) of the Rhode Island General Laws moves to Modify the child support order entered on \_\_\_\_\_ by this Honorable Court. In support of the Motion, \_\_\_\_\_ alleges as follows:

1. That on \_\_\_\_\_ the \_\_\_\_\_ was ordered to pay \_\_\_\_\_ per week/ month as child support for the \_\_\_\_\_ minor child(ren) in question.

2. That a substantial change of circumstances has occurred since the entry of the child support order in that: (check one or more)

\_\_\_\_\_ a \_\_\_\_\_ Income has decreased

\_\_\_\_\_ b \_\_\_\_\_ The Defendant was / is incarcerated

WHEREFORE, \_\_\_\_\_ respectfully request that the Court:

1. Modify the child support order based upon a substantial change in circumstances.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

To: Department of Administration  
Division of Taxation, Child Support Enforcement  
77 Dorrance Street  
Providence Rhode Island 02903

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Let Summons issue: \_\_\_\_\_

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS FAMILY COURT SUMMONS



**FOR: (CHECK ONE)**

- RELIEF AFTER FINAL JUDGMENT
- OTHER RELIEF

County	<b>THIS FORM MUST BE PRESENTED IN DUPLICATE FOR PROCESSING COMPLAINT, MOTION AND ORDERS ATTACHED</b>	Civil Action - File No.
Plaintiff	ISSUING ATTORNEY (Name, Address, Zip, and Phone No.)	
vs.		
Defendant		

TO: (NAME) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

You are hereby summoned to appear before the Family Court on the appearance date set forth below to answer to the attached Complaint or Motion. If you fail to appear, Court Orders may be entered against you for the Relief Demanded in the attached Complaint or Motion.

TIME, DATE AND PLACE OF HEARING	
FAMILY COURT ADDRESS	
DATE	TIME

NOTICE OF AUTOMATIC ORDERS ATTACHED

**EX PARTE ORDER**

APPLICABLE IF CHECKED

You are also notified that the court has already issued orders pending the hearing as set forth in the attached Ex Parte Order.

Date Issued	Clerk
-------------	-------

SEAL OF THE FAMILY COURT

File Mark

**AMERICANS WITH DISABILITIES ACT  
SEE REVERSE SIDE FOR ACCOMMODATION FOR A DISABILITY**

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS FAMILY COURT SUMMONS



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Plaintiff	ISSUING ATTORNEY (Name, Address, Zip, and Phone No.)	
vs.		
Defendant		

TO: (NAME) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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NOTICE OF AUTOMATIC ORDERS ATTACHED

**EX PARTE ORDER**

APPLICABLE IF CHECKED

You are also notified that the court has already issued orders pending the hearing as set forth in the attached Ex Parte Order.

Date Issued	Clerk
-------------	-------

SEAL OF THE FAMILY COURT

File Mark

**AMERICANS WITH DISABILITIES ACT  
SEE REVERSE SIDE FOR ACCOMMODATION FOR A DISABILITY**

**REQUEST FOR SERVICE OF PRO SE MOTION**

**(TO BE FILLED OUT BY FAMILY COURT)**

DEFENDANT'S NAME: \_\_\_\_\_

PLAINTIFF'S NAME: \_\_\_\_\_

SOCIAL SECURITY NO. (DEFENDANT): \_\_\_\_\_

DOCKET NO.: \_\_\_\_\_

PLAINTIFF'S ADDRESS NOT IN COURT FILE: \_\_\_\_\_

COURT DATE: \_\_\_\_\_

(PLEASE ALLOW AT LEAST TWO (2) WEEKS TO SEND BY CERTIFIED MAIL)

.....

**(TO BE FILLED OUT BY CHILD SUPPORT ENFORCEMENT)**

DATE RECEIVED: \_\_\_\_\_

DATE MAILED: \_\_\_\_\_

CHECK OFF:

REQUEST SERVICE FORM ATTACHED TO MOTION: \_\_\_\_\_

GREEN CARD RETURNED ON: \_\_\_\_\_

SIGNED: \_\_\_\_\_ ATTACHED: \_\_\_\_\_

UNCLAIMED: \_\_\_\_\_ NOT RETURNED: \_\_\_\_\_

\_\_\_\_\_  
**SIGNED**



STATE OF RHODE ISLAND  
AND  
PROVIDENCE PLANTATIONS

FAMILY COURT  
COMPLAINT UNDER  
THE UNIFORM LAW  
ON PATERNITY

(Title 15, Chapter 8 of General Laws of Rhode Island 1956, as amended)

Civil Action – File No. \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF

V.

\_\_\_\_\_  
DEFENDANT

1. Plaintiff, who resides at \_\_\_\_\_, is pregnant with child/has delivered a child on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 19 \_\_\_\_\_.

2. Defendant, who resides at \_\_\_\_\_, is the natural father of the plaintiff's said child.

3. The plaintiff and defendant have never been and are not lawfully married to each other.

Wherefore, if the evidence supports such a finding Petitioner demands that the court enter judgment declaring the defendant the natural father of said child and enter judgment for any and all further relief as provided under the Uniform Law of Paternity, Title 15, Chapter 8 of the General Laws of the State of Rhode Island 1956, as amended.

Signed: \_\_\_\_\_  
PETITIONER

Subscribed and sworn to before me in the City / Town of \_\_\_\_\_ in the County of \_\_\_\_\_ in the State of Rhode Island and Providence Plantations this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

ATTORNEY / PRO SE CERTIFICATE

Attorney for / Pro Se  
Plaintiff / Defendant Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_, 20 \_\_\_\_\_

STATE OF RHODE ISLAND  
AND  
PROVIDENCE PLANTATIONS

FAMILY COURT  
SUMMONS  
PATERNITY

R 8

(Title 15, Chapter 8 of the General Laws of RI 1956 as amended.)

COUNTY	CIVIL ACTION - FILE NO.
PLAINTIFF	DEFENDANT
VS.	

To the above-named Defendant:

You are hereby summoned and required to serve upon \_\_\_\_\_, Plaintiff's attorney, whose address is: \_\_\_\_\_ a written answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Your written answer must also be filed at the Rhode Island Family Court, 1 Dorrance Plaza, Providence, R.I.

\_\_\_\_\_  
CLERK

PROOF OF SERVICE BELOW IS TO BE COMPLETED BY THE SHERIFF / DEPUTY / CONSTABLE / OR OTHER PERSON MAKING SERVICE

I hereby certify that on the date below I served a copy of this summons and a copy of the complaint received herewith upon the above named defendant by delivering or leaving said papers in the following manner:

- to the defendant personally
- at his dwelling house or usual place of abode at the address entered below, with a person of suitable age and discretion then residing therein
- to an agent named below authorized by appointment or by law to receive service of process
- Further notice as required by statute was given as noted on the reverse side.

Address of Dwelling or Usual Place of Abode		
Name of Authorized Agent		
Date of Service	Sheriff / Deputy / Constable / or other person	
FOR SERVICE BY A CONSTABLE OR OTHER PERSON		
I, _____, swear I made service as checked off above		
Date	Place	Notary Public

STATE OF RHODE ISLAND  
AND  
PROVIDENCE PLANTATIONS

FAMILY COURT  
SUMMONS  
PATERNITY

R 8

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COUNTY	CIVIL ACTION - FILE NO.
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To the above-named Defendant:

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Address of Dwelling or Usual Place of Abode		
Name of Authorized Agent		
Date of Service	Sheriff / Deputy / Constable / or other person	
FOR SERVICE BY A CONSTABLE OR OTHER PERSON		
I, _____, swear I made service as checked off above		
Date	Place	Notary Public