



OFFICE OF THE DISTRICT ATTORNEY  
CHILD SUPPORT ENFORCEMENT DIVISION  
DOUGLAS COUNTY

Mark B. Jackson  
District Attorney

P.O. Box 1240  
Minden, NV 89423  
775-782-9881  
775-782-9880 fax

Connie Wenner  
Child Support Coordinator  
cwenner@douglas.nv.gov

**REQUEST FOR MODIFICATION/REVIEW OF CHILD SUPPORT**

TO: Douglas County District Attorney's Office  
Child Support Division  
P.O. Box 1240  
Minden, Nevada 89423

I request a modification/review of child support for the following reason(s):

1.  The current child support order is at least three years old.
2.  My income has decreased since the current child support order was entered by at least 20%, and I expect the reduction in income to last at least six months.
3.  The noncustodial parent's income has increased since the current child support order was entered by at least 20%, and is expected to last at least six months.
4.  A material change of circumstances warrants a modification of the current child support order. [Explain fully]

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Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_