



## REQUEST FOR REVIEW OF CHILD SUPPORT ORDER

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILD SUPPORT SECTION

SFN 1766 (4-2025)

Complete this form to request a review of your child support order to see if the amount should be changed. (Health insurance coverage for your children will also be considered in the review and changed, if necessary).

\*Disclosure of the social security number is required pursuant to 42 USC 654a(e)(3) and(e)(4)(D) and is requested for the purpose of inclusion in the state case registry. Failure to disclose this information will affect participation in this program.

Name		Social Security Number *	
Address		City	State    ZIP Code
Cell Phone Number	Home Phone Number		Work Phone Number
Email Address			
Name of the other parent on the support order			

Names of the children covered by the support order


**Return this completed form to:**

Child Support  
PO Box 7190  
Bismarck, ND 58507-7190

If you have more than one support order and you want to request a review of each order, please fill out a separate request for each order.

If you are the **parent who pays child support** or if you and the other parent have **split primary residential responsibility** (split custody) or **equal residential responsibility** (equal physical custody) of your children, you must fill out SFN 1531 Financial Declaration and return it to Child Support along with this request. Also, please attach all the documents listed on the Financial Declaration that apply to you. Your request for review will not be considered unless you include the Financial Declaration and documents.