# Help for parents who owe Child Support arrears

Help\_for\_obligors-test4.docx

Dear {{ client.name.first }},

Here are the forms you need to file with DOR.

## Read

Read them and make sure they:

* make sense to you and
* are correct.

## Collect your evidence

Gather court orders, cancelled checks, bank statements, eviction notices, benefits letters,

## Complete the forms

When you were online you did not:

* sign the form(s), or
* fill in the date you will be filing the forms with DOR.

Sign and date your form(s) now.

## Make copies

Make x copies of these forms.

## Keep your copy

Keep your copy of the forms in a safe place.

{%p if admin\_review %}

The Administrative Review explains why you need DOR to look at your child support case again.

{%p endif %}

{%p if equit\_adjust %}

The Request for Equitable Adjustment Form asks DOR to forgive you the amount you owe **them** – remember you still owe child support to {{other\_parent.name.first}}

{%p endif %}

Take them to:

Give them:

Mail them:

{% if admin\_review %}

'admin\_review\_page1-2.docx fields in template'

**Request for Administrative Review**

If you think that DOR's records about your child support case are wrong or if you think we shouldn't have used a certain enforcement action, you can ask DOR to review your child support case. This is called a Request for Administrative Review. If you want to ask for a review, you must:

* Fill out this form
* Gather all information that explains why you think your case is wrong or why DOR should not have used a certain enforcement action
* Send this form and your information to us within 15 days to this address: Massachusetts Department of Revenue, Child Support Enforcement Division, P.O. Box 7057, Boston, MA 02204.

YOU CANNOT ASK FOR A REVIEW BY TELEPHONE.

YOU HAVE TO RETURN THIS FORM TO ASK FOR A REVIEW

FIRST NAME: {{ client.name.first }}

MIDDLE NAME: {% if client.name.middle is defined %} {{ client.name.middle }} {% endif %}

LAST NAME: {{ client.name.last }}

ADDRESS: {{ client.address.address }}

ADDRESS LINE 2:

ADDRESS LINE 3:

CITY: {{ client.address.city }}

STATE: {{ client.address.state }} ZIP: {{ client.address.zip }}

COUNTRY:

SOCIAL SECURITY NUMBER: {% if client.ssn is defined %}{{ client.ssn }}{% endif %} PHONE: {% if client.cellphone is defined %} {{client.cellphone}} (cell) {% endif %} {% if client.homephone is defined %}{{client.homephone}}{% endif %} (home)

F61793 10/15

'admin\_review\_page2-2.docx - embedded'

{{p include\_docx\_template('admin\_review\_page2-2.docx')}}

{% endif %}

{% if equit\_adjust %}

'equitable-adjustment-aug3-2020-2.docx'

{{p include\_docx\_template('equitable-adjustment-aug3-2020-2.docx')}}

{% endif %}