

To: Hearings Coordinator  
Division of Support Enforcement  
Department of Human Services  
#11 State House Station  
Augusta, Maine 04333

REQUEST FOR HEARING TO AMEND SUPPORT ORDER

I am asking that a hearing be set up to amend my support order of \$ \_\_\_\_ per week, per child that was set by the Department of Human Services.

- Although it has been less than three years since the support order was entered, our circumstances have changed substantially.
- It has been three years or more since the support order was entered.

(Explain here how your income or other circumstances have changed):

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AFFIRMATION

I swear that the foregoing facts are based upon my knowledge, information and belief, and to the extent based upon information and belief, I believe them to be true.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
I.D. Number