



Kickapoo Tribe of Oklahoma  
Child Support Program  
PO Box 817, 105365 S Hwy 102, Bldg. J McLoud, OK 74851  
Phone 405-964-2693 ~ Fax 405-964-2696  
[www.kickapootribeofoklahoma.com/forms](http://www.kickapootribeofoklahoma.com/forms)

## CASE REVIEW REQUEST

### Custodial Parent Information:

State FGN: \_\_\_\_\_

*(Completed by staff)*

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

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

Phone: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

Child(ren) Names/Date of Birth: \_\_\_\_\_

Date of Most Recent Support Order: \_\_\_\_\_

### Non-Custodial Parent Information:

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

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

Phone: \_\_\_\_\_

Employer Name/Address: \_\_\_\_\_

Please describe the change in circumstances that you believe warrants a review of this Child Support case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

**PLEASE BE ADVISED THAT A REVIEW COULD RESULT IN AN INCREASE OR DECREASE IN THE AMOUNT OF CHILD SUPPORT PAID OR RECEIVED, PURSUANT TO THE KICKAPOO TRIBAL CHILD SUPPORT GUIDELINES.**