

Formal Request for Child Support Modification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a modification of the current child support arrangement concerning our child, [Child's Name], due to increased medical needs that have arisen.

As you may be aware, [Child's Name] has recently been diagnosed with [specific medical condition] which requires ongoing treatment and care. This has placed a significant financial burden on my current budget for medical expenses, which includes [list specific medical needs, treatments, or therapies and their costs].

Given these new developments, I believe it is crucial to revisit our child support agreement to ensure that it accurately reflects the needs of [Child's Name]. I am requesting a review of the support amount to better accommodate these necessary medical expenses.

Please let me know a convenient time for us to discuss this matter further. I appreciate your understanding and cooperation in ensuring [Child's Name] receives the support they need.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]