

Adjustment Request Form

Mail or Fax Completed Form To:
Nebraska Health and Human Services
Child Support Enforcement

ATTN: Validator

Physical Address: 1033 O Street Ste 200 Lincoln, NE 68508

Mailing Address: PO Box 94728 Lincoln, NE 68509-4728

Fax: 402-328-6202

Email: dhhs.cseadjustments@nebraska.gov

SSN

FIRST NAME

LAST NAME

JUDGMENT CODE

FIPS

COURT CASE NUMBER

COUNTY

DOCUMENTATION SENT YES NO

ADJUSTMENT REASON CODE

DETAILED NOTES FOR THE REQUEST

Requestor Name: _____ Phone: _____ Date: _____

For CSE Central Office Use Only

Data Entered on CHARTS by: _____ Date: _____

Revised May 2019