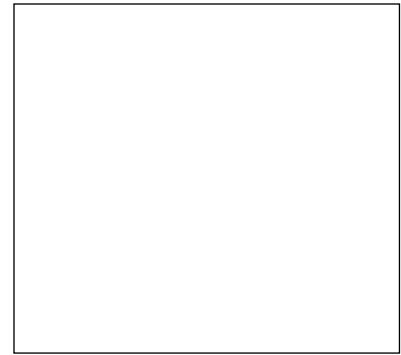




APPLICATION FOR CHILD SUPPORT SERVICES (Existing Dane County Court Case Only)



If you are involved in a family court action in Dane County, **and have children**, you may use this form to apply for services from the Dane County Child Support Agency. There is **NO APPLICATION FEE** for our services. We can assist you with the following:

- Collect court ordered child support through income withholding
- Enforce the payment of unpaid support through tax refund intercept, liens, license suspension and other administrative processes.

You can get more information about the child support program at www.danechildsupport.com.

If you are interested, please complete and return the application form below and **attach a copy of your most recent court order (if any)**:

**Dane County Child Support Agency
Room 365, 210 Martin Luther King Jr Blvd
Madison WI 53703**

Please note the following regarding Child Support services:

- Child support agencies **DO NOT** handle child custody or physical placement (visitation) issues.
- A Child Support attorney who appears at your hearing represents the State of Wisconsin, not you. Applying for services does not create an attorney-client relationship with the Child Support attorneys.
- If you have a percentage-expressed child support order, and you apply for child support services, the agency is required by state law to ask the Court to change your order to a fixed dollar amount.
- If the agency collects support arrears through tax refund intercept and the refund is recalled, you will be required to return the payment. If a tax intercept collection is at least \$10, a fee of 10%, up to \$25, will be deducted from the collection.

Application for Child Support Services

Dane County Court Case Number _____ Marriage Date/Location: _____

Requesting: Child Support Enforcement Paternity Establishment (legal fatherhood) Health Insurance
 I need an interpreter (language) The **other parent** needs an interpreter (language)

Yes, I _____ (your name) want Dane County Child Support Agency Services.

My Date of Birth: _____ My SS Number _____

My Address: _____
 (Street, including apartment if applicable) (City) (State) (ZIP code)

My Phone: _____ Home Cell Text OK My Email: _____

My Employer: _____
 Employer Phone: _____

Employer address: _____
 (Street, including suite number if applicable) (City) (State) (ZIP code)

I Other Parent provide health insurance for the children Insurance Company _____ Policy Number _____ Group Number _____

Other Parent Name _____ **Date of Birth:** _____ **SS Number** _____

Other Parent Address: _____
 (Street, including apartment if applicable) (City) (State) (ZIP code)

Other Parent Phone: _____ Home Cell Text OK **Email:** _____

Other Parent Employer: _____
 Employer Phone: _____

Employer address: _____
 (Street, including suite number if applicable) (City) (State) (ZIP code)

	Name	Date of Birth	SS Number
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____

Application must be signed to be accepted

X

Applicant or attorney signature

Date