

Dane County

Child Support Agency

Room 365 City County Bldg.
210 Martin Luther King Jr. Blvd.
Madison, WI 53703-3342
<http://danechildsupport.com/>

TEL: 608/266-4031
FAX: 608/266-9060
TDD: 800/947-3529

NAME: _____

CHILD NAME: _____

SSN: _____

DATE OF BIRTH: _____

SSN: _____

ADDRESS: _____

DATE OF BIRTH: _____

PHONE#: _____

In order to provide child support services, **we need additional information on your child's other parent.** Please provide the information requested below, sign the form, and return it to the agency address above within ten (10) days.

If you are receiving public assistance, you are required to cooperate with this office in identifying and locating the absent parent and obtaining support payments. Failure to return this completed form within 10 days may result in a notice of noncooperation and a loss of public assistance.

If you are not receiving public assistance, failure to return this information to our office within 10 days may result in your case being closed.

This agency is an equal-opportunity employer and service provider. If you have a disability and need information in an alternative format, or need it translated to another language, please contact us at the phone number or address listed at the top of this letter.

DANE COUNTY CHILD SUPPORT AGENCY

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1 Full name: _____

Other name(s) used: _____

2. Date of birth: _____ SSN: _____

3. Tribal affiliation (if applicable): _____

4. Physical Description

Sex: _____ Race: _____ Eye Color: _____ Hair Color: _____

Height: _____ Weight: _____ Distinguishing marks: _____

5. Phone: () _____ Email Address: _____

6. Current or last-known (circle one) address: _____

Has the other parent ever lived in Wisconsin? _____

7. Current or last-known (circle one) employer and address: _____

Earnings: \$ _____

8. Vehicle description: _____ Lic. plate #: _____

9. Is the other parent currently serving in the military or on active duty? _____

10. Date last seen or heard from: _____

11. Name, address, phone, email of other people who might know his/her whereabouts: _____

12. Were you legally married to child's other parent? _____

13. If yes, when? _____ Where was the license issued (county, state)? _____

14. Has a divorce or paternity action been started in any court? _____

If yes, where (county, state)? _____

What was the outcome? _____

15. Is there an existing or pending child support order? _____

If yes, where (county, state)? _____

Include copies of all court orders and judgments.

16. Your daytime phone number: () _____

17. Provide any other helpful information: _____

Signature

Date