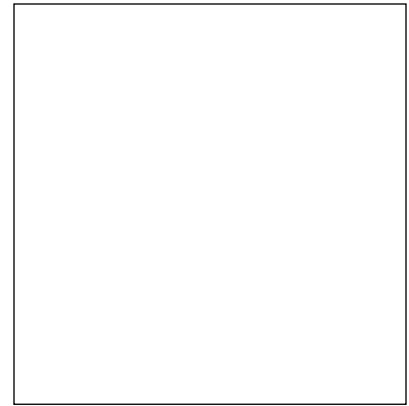




# APPLICATION FOR CHILD SUPPORT SERVICES

(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](http://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 have 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

Applying for:  Child Support Enforcement  Establish Paternity (legal fatherhood)  Health Insurance

Yes, I \_\_\_\_\_ want Dane County Child Support Agency services.  
(Please print your name clearly)

My address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Your Date of Birth: \_\_\_\_\_ Your Social Security Number: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Dane County Court Case Number** \_\_\_\_\_ **Marriage Date** \_\_\_\_\_

Health insurance for child(ren)?  If so, insurance company? \_\_\_\_\_

**Other Parent:** \_\_\_\_\_  
First Middle Last Birth Date Social Security Number  
(if known) (if known)

Address: \_\_\_\_\_ Phone #s: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Other Parent's Employer: \_\_\_\_\_

**Child(ren) Names, Date of Birth and Social Security Numbers (if known):**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_