



# Your Guide to Getting Child Support

## WI BUREAU OF CHILD SUPPORT



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## Do you need help getting child support?

The Wisconsin Child Support Program can help you by:

- finding a missing parent
- establishing legal fatherhood
- asking the court to order child support and medical support
- enforcing child support and medical support orders
- contacting the paying parent's employer and setting up income withholding
- collecting child support from a parent living in another state
- providing help for reviewing or changing a support order for a possible increase or decrease
- providing payment and collection information on your child support case
- providing copies of your account histories
- providing interpreters and translations of child support information at no cost
- providing privacy protection if the release of your address, telephone number, employer, or other location information would put you at risk

## Applying for services

All families may apply for child support (case management) services at their local child support agency without paying an application fee. Parents can download an application form from [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov).

If you are in an aid/benefit program, you automatically get child support services. Aid/benefits programs include the W-2, SSI Caretaker Supplement, Kinship Care, WI Shares (child care), and federally-financed foster care programs. If the BadgerCare Plus program refers you to child support, you will automatically get services. Getting help from the aid/benefit program depends on your cooperation with the child support program. When you no longer receive these benefits, child support services will continue.

## Important to know

- Having a court order for support does not mean you are receiving case management (child support) services from your county or tribal child support agency. You need to apply for services if you are not in an aid/benefit program listed above.
- If you are now getting cash benefits from the W-2 or SSI Caretaker Supplement programs, you will only get a part of the paid child support. Please see the "Guide to W-2 Services, Cash Benefits, and Child Support," available online at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov) and from your child support agency.

[childsupport.wisconsin.gov](http://childsupport.wisconsin.gov)

## How you can help

- Provide copies of any divorce decrees and court orders you have for support or legal fatherhood (paternity) when you apply for child support services.
- Give any information you have about the other parent, including full name, place of birth, current address, employment or other income information, and Social Security or Tax Identification number.
- Always cooperate with your child support worker. Complete forms immediately and keep appointments.
- Please be patient. The courts deal with many cases, and child support agencies have large caseloads. Stay in touch with your child support agency. Report any new information about the other parent that might help with your case.

## How support is collected

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About 75% of child support is collected through income withholding. Child support agencies automatically send withholding notices to paying parents' employers. Child support may also be withheld from unemployment insurance, workers' compensation, most pension payments, and Social Security Disability Insurance (SSDI) benefits. The Consumer Credit Protection Act limits the withheld amount for current and past-due support to 50% – 65% of a payer's disposable income (gross income minus taxes).

Past-due support may also be collected from a paying parent's tax refunds, Wisconsin lottery winnings of \$1,000 or more, and some saving and checking accounts. If you are owed past-due support, your case may be enforced up to 20 years after your youngest child's 18<sup>th</sup> birthday. For more information, please see the "Guide to Past-Due Support," available online at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov) and from your child support agency.

## Support payments

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Child support is sent to parents in one of two ways - direct deposit or the Wisconsin Support Collections Debit Card. If you do not sign up for direct deposit, you will automatically get the debit card. (A paper check can be issued under unusual circumstances if approved by your child support agency.)

You choose which way is best for you. If you sign up for one method, you may later switch to the other. If you want direct deposit, you can download the application form at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov) or call the Wisconsin Support Collections Trust Fund weekdays, from 8:00 a.m. – 5:00 p.m. at:

(800) 991-5530 toll free

(877) 209-5209 toll free TTY

## Payment information

- **Child Support Online Services** – Provides detailed payment and balance information, and printable account histories at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov) (registration required). Information is updated every night except Sunday.
- **KIDS Information Line** – Provides information about your last two payments. Information is updated every night except Sunday.  
(800) 991-5530 toll free  
(877) 209-5209 toll free TTY
- **Account histories** – Are now available from Child Support Online Services at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov) (registration required) and by calling the KIDS Information Line weekdays, 8:00 am – 5:00 pm at the numbers above.
- **Child Support Notice of Collection** – The month after a payment is received, families who get cash benefits will get this notice. The notice will tell the family how much support was paid, how much was sent to them, and how much was used to pay for their benefits.
- **Debit Card Accounts** – Parents may call the phone number on the back of their card. For more options, see the information that came with the card. This information is also online at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov).

## **Working with your Child Support Agency**

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By law, you must tell your child support agency if you move or change jobs, and when your income changes. You can update your address by contacting your child support agency, calling the KIDS Information Line weekdays, 8:00 am – 5:00 pm (phone numbers are on page 2), or online at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov) (registration required).

### **What can the child support agency do if the other parent is not paying?**

Information about the enforcement tools that your child support agency may use is in the “Guide to Past-Due Support,” available from your child support agency or online [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov).

### **Can my child support agency help if the other parent moves to another state or another country?**

Yes. Information about working with other states and countries is online [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov).

### **My caseworker never calls me. How do I get someone to work on my child support case?**

Due to large caseloads, child support workers might not be able to contact you to update you about your case. If the worker does not call you, it does not mean the caseworker is not working on your case. Stay in touch with your caseworker, and report any new information about the other parent that might help with enforcement.

### **Weeks ago my caseworker said that the agency would take my case to court because the other parent is not paying. Why haven't they gone to court yet?**

It takes time to set a court date. The court might not be able to schedule your case immediately.

### **I had to tell my caseworker when the other parent moved. Why doesn't my caseworker know this?**

You might learn information about the other parent's address and job changes before the child support agency. You should inform your caseworker about these changes.

### **When can enforcement be requested, and how do I ask for enforcement?**

You may contact your child support agency and ask for enforcement of your child support order if the other parent does not make a payment for more than a month.

### **Why does the agency keep sending letters? I want the other parent in jail.**

Child support agencies have many tools to help them enforce child support orders. Some tools, such as charging interest on past-due support, are done automatically. For the most efficient and effective use of staff time, child support agencies use their experience to choose what tools (actions) they use and when. For instance, they might write warning letters before they take a more drastic action. Some enforcement tools and actions require due process or a court action. Jail is not always the best way to get money for your children.

### **Can child support agencies arrest the other parent?**

No. Child support agencies cannot arrest anyone. Only the court can authorize an arrest warrant. The warrant gives law enforcement agencies, not child support agencies, the authority to arrest a person.

### **I am not getting my support. Why?**

Your case may be very difficult. Although the Wisconsin Child Support program is a national leader in support collections, not all families receive child support in any given month. The most common difficulty is that the other parent's address and/or employer are not known.

### **Can my child support agency help with medical support the court ordered?**

Yes, please see the information online at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov) or Your Guide to Support Services.

### **I do not agree with what the court decided. What can I do?**

When a court rules on a case, the child support agency cannot change the ruling. Decisions of a court commissioner can be reviewed by a judge if a request is filed. A judge's decision may be appealed to a higher court. You may hire an attorney for these actions. You may also ask your caseworker if there are other options.



## More about working with your Child Support Agency

### Can I use a private collection agency?

Yes. You may employ a private attorney, a private investigator, and/or a private collection agency to establish and enforce your child support order. You should inform your child support agency if you do so. All payments must still go through the Wisconsin Support Collections Trust Fund. You, not the other parent, are responsible for all fees the collection agency charges. The federal Office of Child Support Enforcement reports that, "private collection agency fee rates generally range from 25% to 33%. Depending on the contract, a private collection agency may collect fees on any amounts received, even if the money was collected as a result of the work of the state child support program or if the private collection agency received the money as current, rather than past-due support."

### Important reminders –

1. You are required, by law, to tell your child support agency of any address, income, health insurance, or employment changes.
2. If you have a Child Support Debit Card, you need to call the number on the back of your card if you move. The post office **cannot** forward replacement/new cards.

### Need more information?

- An overview video on receiving child support is available at <http://dcf.wisconsin.gov/bcs/videos/cp-ov/player.html>.
- Contact your local child support agency for information about your case. Phone numbers are listed under "County Government" or tribal name and online at [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov).
- Go to [childsupport.wisconsin.gov](http://childsupport.wisconsin.gov) for more information about child support and support services. Most public libraries offer free Internet access.

DCF is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please call (608) 266-9909 or (800) 947-3529 TTY (Toll Free). For civil rights questions, call (608) 266-5335 or (866) 864-4585 TTY (Toll Free).

# PCHHS

**Portage County Health & Human Services**

RAYMOND F. PRZYBELSKI, DIRECTOR  
(715) 345-5350 or Toll Free (866) 920-2525  
FAX (715) 345-5966  
E-MAIL: [pchhsd@co.portage.wi.us](mailto:pchhsd@co.portage.wi.us)

RUTH GILFRY HUMAN RESOURCES CENTER  
817 WHITING AVENUE  
STEVENS POINT, WI 54481-5246

Dear Applicant:

Portage County Child Support Services can help you:

- establish paternity, if necessary;
- locate the noncustodial parent to establish or enforce a child support order;
- obtain a court order for child support and health insurance to be provided by the noncustodial parent; and
- collect court-ordered child support and health insurance payments on behalf of your child(ren).

**Please note: child support agencies do not handle child custody, physical placement or visitation issues.**

The child support attorney who appears at a child support hearing represents the State of Wisconsin, not individual parents. Child Support services provided by this attorney do not create an attorney-client relationship.

You may apply at any time, now or in the future. We are enclosing an application form and additional materials that explain all available child support services and fees. **We will open a child support case when we receive your application.** An interview will be scheduled, if necessary. **Please indicate what service you are requesting on page 8 and provide a copy of your current order/judgment. Additional comments should be written on the back of the application form.**

Please contact us if you have any questions. **Please also provide a copy of the health insurance coverage for the minor child(ren).**

**YOUR APPLICATION WILL NOT BE PROCESSED UNLESS WE RECEIVE A SIGNED COPY OF YOUR MARITAL SETTLEMENT AGREEMENT, DIVORCE JUDGMENT AND/OR PATERNITY JUDGMENT AND PAGE 8 COMPLETED INDICATING THE REASON FOR REQUESTING OUR SERVICES.**

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 715-346-1588 or at the address listed at the top of this letter.

Portage County Child Support Services  
Enclosure(s)



RAYMOND F. PRZYBELSKI, DIRECTOR  
(715) 345-5350 or Toll Free (866) 920-2525  
FAX (715) 345-5966  
E-MAIL: [pchhsd@co.portage.wi.us](mailto:pchhsd@co.portage.wi.us)

RUTH GILFRY HUMAN RESOURCES CENTER  
817 WHITING AVENUE  
STEVENS POINT, WI 54481-5246

Dear Applicant:

## Child Support Statement of Understanding

Please read the statements below, then sign and return this form and the application form to the address above and mark it **Attention: Child Support Services**.

I understand that a child support action will be started for my child, and that my cooperation with the child support agency is necessary. I understand that I must cooperate by:

- \* appearing promptly as directed for court and other appointments,
  - \* informing the child support agency of any changes in my address and phone number,
- and
- \* answering all questions truthfully and as completely as possible.

If I am receiving public assistance and fail to cooperate, I understand that the child support agency will notify the economic support agency. I understand that unless I have established good cause for not cooperating, I and/or my family will be ineligible for public assistance.

If I am not receiving public assistance and fail to cooperate, I understand that the child support agency will close my case and stop efforts to collect support for my child(ren).

I understand that the child support attorney who appears at a child support hearing represents the State of Wisconsin, not individual parents. Child support services provided by this attorney do not create an attorney-client relationship. I understand that the interests of the State of Wisconsin, the child(ren) for whom support is sought, and the parents are not necessarily the same and may be in conflict. In addition, I understand that any information received as a result of a child support investigation or proceeding may be used by the State of Wisconsin in related investigations or proceedings. I understand that the child support agency staff cannot become involved in disputes over child custody, physical placement or visitation, and cannot offer me legal advice. I understand that if I want legal advice, I should consult a private attorney.

I hereby acknowledge that I have read and understand this information.

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Signature

Date

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 715-346-1588 or at the address listed at the top of this letter.

### Parent Application for Child Support Services

Information provided on this form (including any attachments) may only be shared with others for the purpose(s) of the administration of the child support program and other related programs [Wis. Statutes, §. 49.83].

Name of Parent Applying for Services (last, first, middle, suffix, e.g., Jr.)
Relationship to child or children:

<b>Date Stamp</b> (for office use only)
Fee Paid \$ _____ Rept. # _____

**Race/ethnicity/disability:** This information is for federal reporting purposes only. You may choose not to answer. Not answering will not affect the services provided to you.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Caucasian/White                | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American/Alaskan Native         |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> Asian           | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Other (Please list all others) |  |   |

Do you have a disability?  
 Yes  No If yes, describe:

#### Please Note:

- If you are the guardian and not the child's parent, please fill out the *Guardian's Application for Child Support Services* form.
- Filling out this form:
  - Please complete this form as best you can.
  - If you do not know or are not sure of some of the information, you may leave that part blank.
  - The more information your worker knows about your case, the better job he or she can do for you.
  - If you have any questions about this form, please talk with your child support agency.

#### Services Requested:

- Child Support Services     Paternity (legal fatherhood)     Only Locate (a parent) Services \$25 fee due

**Social Security Numbers or Individual Taxpayer Identification Number (ITIN):** The provision of your Social Security number is mandatory under Section 466(a) (42U.S.C.666(a)). Your Social Security number will be used for identification purposes. If you do not have a Social Security number, you must provide your Individual Taxpayer Identification Number (ITIN).

#### Notice of Language Assistance

You have a right to an interpreter at no cost to you. Do you need an interpreter?  Yes  No

If yes, in what language? \_\_\_\_\_

**IMPORTANT** If a child is conceived or born during a marriage, the **husband is the legal father**. If you believe someone other than the husband may be the biological father, please provide the information about that person.

Name	Date of Birth
Social Security Number/ITIN	Street Address
City	State/Zip Code

**Information on the rest of this form must be about the husband or wife of the marriage, not the person above.**

**SECTION 1 – Information about YOU, the parent applying for services**

Maiden Name or Alias (if any)	Date of Birth	Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female
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1. Place of Birth

City	County
State	Country

2. Please Check Services You Are Receiving or Have Received.

Child Support Services  Yes  No  
W-2, including child care  Yes  No

State(s) Providing These Services :

3. Home Phone Number ( )	4. Cell Phone Number ( )	5. Work Phone Number ( )	6. Work Hours
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7. Mailing Address

City	State/Zip Code
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8. Residence (home) Address, if different from above

City	State/Zip Code
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9. Job Information

Employer Name

Telephone Number ( )	FAX Number ( )
Address	
City	State/Zip Code

Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium \$	Per <input type="checkbox"/> Week <input type="checkbox"/> Month
How Often Are You Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Gross Income Per Payday \$	Job Title	
Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:	
10. Member of the Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired	Branch	
From	To	Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 2 – Information about the OTHER PARENT**

11. Other Parent's Name (last, first, middle, suffix, e.g., Jr.)

Maiden Name or Alias (if any)	Date of Birth	Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female
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12. Place of Birth

City	County
State	Country

13. Home Phone Number ( )	14. Cell Phone Number ( )	15. Work Phone Number ( )	16. Work Hours
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17. Mailing Address

City	State/Zip Code
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18. Residence (home) Address, if different from above

City	State/Zip Code
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19. Job Information

Employer Name	
Telephone Number ( )	Fax Number ( )
Address	
City	State/Zip Code

Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium Per \$ <input type="checkbox"/> Week <input type="checkbox"/> Month
How Often Is the Other Parent Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Gross Income Per Payday \$	Job Title
Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:

20. Member of the Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired	Branch
From To	Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. **If the Location of This Parent Is Not Known:** Please provide the information below and any other information you believe might help find this person. Include all addresses where relatives might live, and the type of income and assets this parent might have. Include any additional information on separate pages and attach. **Please include a picture of this parent, if available.**

Distinguishing Marks (tattoos/scars/birth marks):

Height	Weight	Race	Hair Color	Eye Color
Has this parent ever been arrested or convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Arrest or Conviction	
City and State of Arrest or Conviction			Name of Parole/Probation Officer	

**SECTION 2 (continued) - Information about the OTHER PARENT**

Name of the Other Parent's Mother (last, first, middle, maiden)

Name of the Other Parent's Father (last, first, middle)

**SECTION 3 - Information about the Children** (These children must have the same father and mother - the parents must be the parents listed on this form in Section 1 and 2.) If there are more than three (3) children, please provide the information about the children on pages 7 - 8. If there are children with other partners, please complete the information in Section 5 on page 5.

22. Name of First Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the name of the Father on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth	Country of Birth	
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month                      Year			
Name of School		Address	
City		State/Zip Code	
Which parent does this child live with most of the time? (Defined as number of overnight stays or equivalent.) <input type="checkbox"/> Both Parents the Same <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> With Another Person			
Which parent has legal custody of this child? <input type="checkbox"/> Both Parents (joint custody) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Not yet decided by the court			

23. Name of Second Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the name of the Father on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth	Country of Birth	
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month                      Year			
Name of School		Address	
City		State/Zip Code	
Which parent does this child live with most of the time? (Defined as number of overnight stays or equivalent.) <input type="checkbox"/> Both Parents the Same <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> With Another Person			
Which parent has legal custody of this child? <input type="checkbox"/> Both Parents (joint custody) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Not yet decided by the court			

**SECTION 3 (continued) – Information about the Children**

24. Name of Third Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the name of the Father on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth		Country of Birth
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month _____ Year _____			
Name of School		Address	
City		State/Zip Code	
Which parent does this child live with most of the time? <input type="checkbox"/> Both Parents the Same <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> With Another Person			
Which parent has legal custody of this child? <input type="checkbox"/> Both Parents (joint custody) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Not yet decided by the court			

Are you applying for services for an unborn child?  Yes  No

If yes, due date: \_\_\_\_\_

**SECTION 4 - Current Legal Status** (Attach copies of any court orders, judgments, decrees, or stipulations)

25. The **current** relationship between you and the other parent (in Section 2)

Married  Separated  Divorced  Annulled  Never Married

Date and place (city, county, state) of marriage, legal separation, divorce and/or annulment:

26. If you have a Child Support Order for the child or children listed in Section 3, please provide the information below.

County/State of Order: \_\_\_\_\_

Monthly Amount Ordered: \$ \_\_\_\_\_

**SECTION 5 – Information about Other Children.**

List any other child you or the other parent (in Section 2) have with another partner. If there are more than five (5) other children, please include the information about the other children on pages 7 - 8.

27. Name of Child	Child's Parent	Child's Date of Birth
	<input type="checkbox"/> You <input type="checkbox"/> Parent in Section 2	
	<input type="checkbox"/> You <input type="checkbox"/> Parent in Section 2	
	<input type="checkbox"/> You <input type="checkbox"/> Parent in Section 2	
	<input type="checkbox"/> You <input type="checkbox"/> Parent in Section 2	
	<input type="checkbox"/> You <input type="checkbox"/> Parent in Section 2	

**Please read, sign, and date this page.**

**Fee:** If you have **never** received a cash benefit from W-2, AFDC, SSI Caretaker Supplement, or Kinship Care, you will be charged a \$25 fee each year you receive \$500 or more in support. The fee will be taken out of the support payment. This fee is charged on all cases whether or not you apply for services.

**Tax Intercept Information:** I understand that the Wisconsin Child Support Program will submit any certifiable past-due child support debts to the tax/lottery intercept programs.

I understand that if I receive the other parent's intercepted tax refund money, which is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately return the money. Tax returns may be recalled for various reasons, including NCP error on the tax return or fraudulent filers using an NCP's identification in an attempt to collect a refund. If I cannot repay all the money at once, I will follow a payment plan until the amount is repaid in full. (If the tax refund money is recalled, you will receive a letter with information about how to return the money and how to set up a payment plan.)

If a tax intercept collection is at least \$10, I understand that a fee of 10%, up to \$25, will be deducted from the tax intercept collection.

**Child Support Orders:** I understand that the law does not permit percentage orders in child support agency cases.

If I am opening a new child support case or reopening a closed child support case with the child support agency and have a percentage order, I understand that the child support agency is not responsible for reconciling the order for the period before the date that this application is accepted.

The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order.

**Disclaimer:** The State of Wisconsin will bring any necessary administrative or court actions to establish paternity (legal fatherhood), and to establish and enforce a support order. However, the **child support attorney does not represent you or either parent**, but rather represents the state's interest in enforcing support.

**Overpayment:** I understand that if I receive an overpayment (more support than I am due), the state may withhold part of future support payments, at a reasonable amount, until the overpaid amount is returned to the state.  Yes  No

I hereby request child support services under the Child Support Enforcement Program under Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing information that affects my case and by keeping my appointments with the agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach copies of any letters of guardianship, and court orders, judgments, decrees, or stipulations involving child support. Any changes in this information should be sent, **in writing**, to the child support agency where you applied for services.

