

Child Support Information Request

Date:
County:
Worker Number:
Worker Name:
Phone:

Worker E-mail:
Information is due by:

Dear

You have reported a change in household members. We need your assistance to help you obtain support for your children. Please provide us the information below by 4:30 p.m. on _____, so we can determine continuing eligibility.

Failure to provide ALL the requested information by the due date may result in cancellation or denial of FIP or medical benefits.

Enclosed are two forms, the *Absent Parent Information* and the *Requirements of Support Enforcement* forms.

- ◆ **Complete** the *Absent Parent Information* form and return it. If you do not want to use this form, you can provide the requested information in another way, such as a written statement, etc.
- ◆ **Read** the *Requirements of Support Enforcement* and keep the form for your records.

You may have good cause not to cooperate in the Department's efforts to collect support. You may be excused from cooperating if you believe that cooperation would not be in the best interest of your child, and if you can provide evidence to support this claim. (See enclosed *Requirements of Support Enforcement* for more information.)

If you are working with PROMISE JOBS or FaDSS and are experiencing family violence, your Family Investment Agreement (FIA) can include activities to help your family deal with the problems you are facing. Please talk to your PROMISE JOBS or FaDSS worker.

If you have difficulty in providing this information by the above due date, please contact our office right away. Collect calls will be accepted. Language interpretation may be available. Thank you for your cooperation.

Income Maintenance Worker