# APPLICATION FOR SERVICES <br> OF CHILD SUPPORT SERVICES DIVISION 

## Notice to Court Clerk

If this application is filed with the court, send the application along with a copy of the child support order to CSSD.

## Court Case No.

I voluntarily apply for the services of the Child Support Services Division (CSSD). I understand that CSSD will take all action necessary to enforce the child support order for the child(ren) named below. I consent to CSSD's enforcement of the medical support order. I understand that either party may ask CSSD to review the amount of the child support order and propose changes to the court. I also understand that I will be required to provide information necessary to enforce the support obligation.

My Name $\qquad$
Mailing Address $\qquad$
(box or street number)
(city)
(state)
(ZIP)
Telephone Number. Home $\qquad$ Work $\qquad$
Other Parent's Name $\qquad$
Mailing Address
(box or street number) (city)
(state)
(ZIP)
Telephone Number. Home $\qquad$ Work $\qquad$
I am the $\quad \square$ Mother $\quad \square$ Father $\quad \square$ Legal Custodian $\square$ Non-Parent Custodian of the child(ren) whose name(s) and date(s) of birth are:


A child support order is currently in effect:
Date of child support order: $\qquad$
Court case number: $\qquad$
Court location (city and state):
Names of parents when child support was ordered: $\qquad$

Date
Applicant's Signature

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[^0]:    * AS 25.27.265(b) requires parties to child support proceedings to inform CSSD of their social security numbers and other specified information. Your social security number may be used to insure compliance with the child support order. You must provide your social security number on form DR-314. The information on DR-314 will be held confidential.

