



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. Our agency can help you:

- Collecting ordered child support through income withholding.
- Enforce the payment of unpaid support through tax refund intercept, account seizure and other administrative processes.

You can get more information about the child support program at www.danechildsupport.com.

Dane County does not charge a fee to apply for child support services. If you are interested, please complete and return the form below to:

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 (for example, an order of 17% of gross income, instead of a fixed dollar amount such as \$300 per month), 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

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

My address: _____
(Street) (City) (State) (Zip)

Phone: Home _____ Work _____ Cell _____

Dane County Court Case Number _____ D.O.B _____

Health insurance for children? _____ If so, insurance company? _____

Other Parent:

Full name: First Middle Last Birth Date Telephone

Address: _____
(Street) (City) (State) (Zip)

Signature: _____ Date: _____