



JEFFERSON COUNTY CHILD SUPPORT AGENCY  
APPLICATION FOR CHILD SUPPORT SERVICES (EXISTING CASE)

311 S Center Ave. Rm C2070  
Jefferson, WI 53549  
www.jeffersoncountywi.gov

childsupport@jeffersoncountywi.gov  
Phone: 920-674-7255  
Fax: 920-674-7435

The Jefferson County Child Support Agency has services available to: **(Agency use only IVD#: \_\_\_\_\_)**

- **Collect child support order through income withholding**, avoiding the \$35.00 wage assignment fee.
- Enforce the payment of unpaid support through tax refund intercept, account seizure and other administrative processes.
- Locate the absent parents & Modify support orders.

More information about the child support program may be found at [dcf.wisconsin.gov/cs/home](http://dcf.wisconsin.gov/cs/home). There is **no application fee** to apply for child support services. To apply for services, complete and return the form below to the Jefferson County Child Support Agency.

Please note the following regarding Child Support services:

- Child support agencies do not handle child custody or physical placement (visitation) issues.
- The child support attorney does not represent you or the other parent but represents the state's interest in enforcing support.
- If you have a percentage-expressed child support, 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.
- Most child support recipients pay an annual \$35.00 fee. More information about fees and costs for child support services may be found at [dcf.wisconsin.gov/cs/fees](http://dcf.wisconsin.gov/cs/fees). Information about rights and responsibilities of parents who receive child support services may be found at [dcf.wisconsin.gov/cs/parent-rights](http://dcf.wisconsin.gov/cs/parent-rights). Information about distribution of child support may be found at [dcf.wisconsin.gov/cs/ncp/pay/hierarchy](http://dcf.wisconsin.gov/cs/ncp/pay/hierarchy)

**Yes, I** \_\_\_\_\_ **request services from Jefferson County Child Support Agency.**  
(Please print your name clearly)

Court Case Number: \_\_\_\_\_ Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_

Name & DOB of child (ren): \_\_\_\_\_  
\_\_\_\_\_

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

Who carries Health Insurance on child (ren): \_\_\_\_\_ through which employer: \_\_\_\_\_

My email: \_\_\_\_\_ My employer (name/city): \_\_\_\_\_

My phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**You may receive Child Support related message (i.e., appointment & hearing reminders) via text SMS messaging. Standard data fees and text messaging rates may apply based on your phone carrier.)**

**Health and Safety:**

- A protective order has been entered against \_\_\_\_\_ in \_\_\_\_\_ County.
- I believe that the release of identifying information may result in physical or emotional harm to my child(ren) or me.
- I am participating in a Safe at Home/Address Confidentiality Program in \_\_\_\_\_ (State).

**Other Parent:** \_\_\_\_\_  
First Middle Last Birth Date SS#

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Other Parent Email Address: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_  
(Street) (City) (State) (Zip)

I have received information that describes IV-D services available, individual rights and responsibilities and fees/costs. I have reviewed the information contained at the above links and hereby request child support services and understand that I must cooperate with the support agency by providing requested information, attending required appointments, and attending hearings required by the court.

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