

APPLICATION FOR CHILD SUPPORT SERVICES
Adams County Court Case _____

If you are involved in a family court action in Adams County, you may apply for services from the Adams County Child Support Agency (CSA). Our agency can help you:

- Collect your child support order through income withholding.
- Enforce the payment of unpaid support through tax refund intercept, account seizure and other administrative processes.
- Modify your support order.

You can get more information about the child support program at www.childsupport.wisconsin.gov.

There is no fee to apply for child support services. If you are interested, please complete and return the form below to:

Adams County Child Support Agency
402 Main St., Room C020
PO Box 526
Friendship, WI 53934

Please note the following regarding Child Support services:

- Child support agencies do not handle child custody, physical placement (visitation) issues, or enforce maintenance-only (alimony) orders.
- 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 _____ request Child Support services from _____ County CSA.
(Please print your name clearly)

Court Case Number _____ Birth date: _____

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

Telephone: Home _____ Work _____ Cell _____

Other Parent:

Full name: First Middle Last Birth Date Telephone

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

I have received information that describes IV-D services available, individual rights and responsibilities, and fees/costs.

Signature: _____ **Date:** _____