

Application For Child Support Services

(Existing Buffalo County court case only)

If you are involved in a family court action in Buffalo County, you may apply for services from the Buffalo County Department of Child Support Enforcement. 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 dcf.wisconsin.gov/cs/home.

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

Buffalo County Child Support
P.O. Box 517
Alma, WI 54610



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.
- 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. Information about rights and responsibilities of parents who receive child support services may be found at dcf.wisconsin.gov/cs/parent-rights. Information about distribution of child support may be found at dcf.wisconsin.gov/cs/ncp/pay/hierarchy.

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If you have concerns about your safety, check one of the boxes below and you will be granted Privacy Protection. This will prevent the release of location information that would put you or your children at risk of harm.

☐ 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.

The name of person I need protection against is _____.

☐ I am participating in a Safe at Home/Address Confidentiality Program in _____ (State).

Yes, I _____ request Child Support services from Buffalo County Child Support Agency.

(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. 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 requested by the court.

Signature: _____

Date: _____