

APPLICATION FOR SERVICES
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 _____

Mailing Address _____
(box or street number) (city) (state) (ZIP)

Telephone Number. Home _____ Work _____

Other Parent's Name _____

Mailing Address _____
(box or street number) (city) (state) (ZIP)

Telephone Number. Home _____ Work _____

I am the Mother Father Legal Custodian Non-Parent Custodian of the child(ren) whose name(s) and date(s) of birth are:

_____ DOB _____ DOB _____
_____ DOB _____ DOB _____
_____ DOB _____ DOB _____

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

_____ Date

_____ Applicant's Signature

* 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.**