TIPPECANOE COUNTY PROSECUTOR'S OFFICE Title IV-D Child Support Program	ISETS #: _____ CAUSE NO.: _____ CASE TYPE: _____ ATTY: _____

NEXT HEARING: _____

Request for Information or Service

*****IF YOUR REQUEST IS ABOUT A LETTER YOU RECEIVED, YOU MUST ATTACH A COPY OF THE LETTER*****

(PLEASE PRINT OR TYPE)

Date: _____

Your Name: _____ Your Social Security #: _____

Your Address: Street: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Contact Number: Home: _____ Cell: _____ Work: _____

Are You The Custodial Parent? _____ YES _____ NO   Are You The Non-Custodial Parent? _____ YES _____ NO

Non-Custodial Parent's Employer: _____
(Name of employer)

_____
(Address and telephone number)

Other Parent's Name: _____

Other Parent's Address: _____

Name Of Child(ren) By This Parent: _____

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YOUR REQUEST:

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BE ADVISED:

1. All requests for case-specific information or service must be made in writing. No case-specific information will be provided in person or by phone.

2. You must present a current State-issued photo I.D. and verify your mailing address before we will accept a written request for information or service.

3. If you are a non-custodial parent represented by an attorney, this office cannot respond to your request for information or service. All requests must be made through your attorney of record.

4. Requests for a printout of your child support payment history must be made to the Tippecanoe County Clerk's Office, located on the 2nd Floor of the Courthouse.

5. Questions regarding an upcoming or past court hearing must be addressed to that court.

6. This office represents the State of Indiana in matters involving paternity and child support. Our office cannot assist you in visitation and/or custody matters. This office does not represent custodial or non-custodial parents. There is no attorney-client relationship formed by being a participant on the Title IV-D Child Support Program.

I have read and acknowledge the above advisory.

_____   _____
Signature   Date

*****PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM*****