

**APPLICATION FOR CHILD SUPPORT SERVICES  
(Existing Waukesha County Court Case Only)**

If you are involved in a family court action in Waukesha County, you may apply for services from the Waukesha 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](http://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:

Waukesha County Child Support  
515 W Moreland Blvd Room AC 348  
Waukesha, WI 53188

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 Waukesha County CSA.  
(Please print your name clearly)

Court Case Number \_\_\_\_\_ Your 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)

Are the children covered by private health insurance? \_\_\_\_\_ If yes, who carries the insurance? \_\_\_\_\_

What is the name of the employer for the person carrying the insurance? \_\_\_\_\_

Briefly explain what you would like our office to do: \_\_\_\_\_

*I have received information that describes IV-D services available, individual rights and responsibilities, and fees/costs. I also understand that I must provide copies of the Child Support Orders on my case.*

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