

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 CSED.

APPLICATION FOR CHILD SUPPORT ENFORCEMENT DIVISION (CSED) SERVICES

Court Case No. _____

I am voluntarily applying for the services of the Child Support Enforcement Division (CSED). I understand that CSED will take all actions necessary to enforce the child support order for the children named below. I agree that CSED can enforce the medical support order. I understand that I must provide all the information that CSED needs to enforce the support order.

My Full Name: _____ Birthdate: _____

Previous Names Used: _____

My Contact Information:

Mailing Address (include city/state/ZIP): _____

Phone: _____ cell work other Phone: _____ cell work other

Email: _____

Employer Information: _____

Other Parent's Name: _____ Birthdate: _____

Previous Names Used: _____

Other Parent's Contact Information:

Mailing Address (include city/state/ZIP): _____

Phone: _____ cell work other Phone: _____ cell work other

Email: _____

Employer Information: _____

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I am the children's Parent. Legal Guardian. Non-Parent Custodian.

<u>Child's Name</u>	<u>Birthdate</u>	<u>Child's Name</u>	<u>Birthdate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A child support order is currently in effect:
Date of order: _____ Court case number: _____
Court location (city and state): _____
Parents' names on order: _____
Date of marriage (if applicable): _____

_____ Date _____ Applicant's Signature

AS 25.27.265(b) requires parties in child support proceedings to give CSED their social security numbers and other specified information. Your social security number may be used to make sure that you follow the child support order. **You must provide your social security number on form [DR-314](#), *Information Sheet*. This form will be kept confidential.**

Visit CSED's website at www.childsupport.alaska.gov for more information.