

**APPLICATION FOR CHILD SUPPORT SERVICES**  
**(Existing Oconto County court case only)**

If you are involved in a family court action in Oconto County, you may apply for services from the Oconto 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:

Oconto County Child Support Agency  
Oconto County Courthouse  
301 Washington Street  
Oconto, WI 54153

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.

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**Application for Child Support Services**

**Yes, I** \_\_\_\_\_ request Child Support services from the Oconto County CSA.  
(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.*

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