



# APPLICATION FOR CHILD SUPPORT SERVICES (Existing Case)

Milwaukee County Child Support Agency

901 N 9<sup>th</sup> St, Rm 101  
Milwaukee, WI 53233

TEL: 414-615-2593  
FAX: 414-223-1865

[www.county.milwaukee.gov/EN/Child-Support-Services](http://www.county.milwaukee.gov/EN/Child-Support-Services)

Email: [milwcse@milwaukeecountywi.gov](mailto:milwcse@milwaukeecountywi.gov)

The Milwaukee County Child Support Agency has services available to: **(Agency use only IVD#: \_\_\_\_\_)**

- **Collect child support order through income withholding**, avoiding the \$50.00 wage assignment fee.
- Enforce the payment of unpaid support through tax refund intercept, account seizure and other administrative processes.
- Locate the absent parents & Modify support orders.

More information about the child support program may be found at [www.dcf.wisconsin.gov](http://www.dcf.wisconsin.gov). There is **no application fee** to apply for child support services. To apply for services, complete and return the form below to the Milwaukee County Child Support Agency. Please note the following regarding Child Support services:

- Child support agencies do not handle child custody or physical placement (visitation) issues
- The child support attorney does not represent you or the other parent but represents the state's interest in enforcing support.
- If you have a percentage-expressed child support, 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.
- Most child support recipients pay an annual \$35.00 fee. More information about fees and costs for child support services may be found at [dcf.wisconsin.gov/cs/fees](http://dcf.wisconsin.gov/cs/fees). Information about rights and responsibilities of parents who receive child support services may be found at [dcf.wisconsin.gov/cs/parent-rights](http://dcf.wisconsin.gov/cs/parent-rights). Information about distribution of child support may be found at [dcf.wisconsin.gov/cs/ncp/pay/hierarchy](http://dcf.wisconsin.gov/cs/ncp/pay/hierarchy).

## Application for Child Support Services

Yes, I \_\_\_\_\_ request services from Milwaukee County Child Support Agency.  
(Please print your name clearly)

Court Case Number: \_\_\_\_\_ Birth date: \_\_\_\_\_ SS#: \_\_\_\_\_

Name & DOB of child (ren):  
\_\_\_\_\_

My address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Who carries Health Insurance on child (ren): \_\_\_\_\_ through which employer: \_\_\_\_\_

My email: \_\_\_\_\_ My employer (name/city): \_\_\_\_\_

My phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

You may receive Child Support related message (i.e. appointment & hearing reminders) via text SMS messaging. Standard data fees and text messaging rates may apply based on your phone carrier.

**Other Parent:** \_\_\_\_\_  
First Middle Last Birth Date SS#

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Other Parent Email Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
(Street) (City) (State) (Zip)

I hereby request child support services and understand that I must cooperate with the support agency by providing requested information, attending required appointments and attending hearings required by the court.

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