

**APPLICATION FOR SERVICES
OF CHILD SUPPORT ENFORCEMENT DIVISION**

Notice to Court Clerk

If this application is filed with the court, send the application, a copy of the child support order and a copy of the dissolution petition or the DR-305 child support guidelines affidavit to CSED.

Court Case No. _____

I voluntarily apply for the services of the Child Support Enforcement Division (CSED). I understand that CSED will take all action necessary to enforce the child support order for the child(ren) named below. I consent to CSED's enforcement of the medical support order. I understand that either party may ask CSED to review the amount of the child support order and propose changes to the court. I also understand that I will be required to provide information necessary to enforce the support obligation.

My Name _____ SSN* _____

Mailing Address _____
(box or street number) (city) (state) (ZIP)

Telephone Number. Home _____ Work _____

Other Parent's Name _____ SSN* _____

Mailing Address _____
(box or street number) (city) (state) (ZIP)

Telephone Number. Home _____ Work _____

I am the Mother Father Legal Custodian Non-Parent Custodian
of the child(ren) whose name(s) and date(s) of birth are:

_____ DOB _____ _____ DOB _____

_____ DOB _____ _____ DOB _____

_____ DOB _____ _____ DOB _____

A child support order is currently in effect:
Date of child support order: _____
Court case number: _____
Court location (city and state): _____
Names of parents when child support was ordered: _____

_____ Date

_____ Applicant's Signature

* AS 25.27.265(b) requires parties to child support proceedings to inform CSED of their social security numbers and other specified information. Your social security number may be used to insure compliance with the child support order.