

# Jefferson County

## Child Support Agency

Courthouse  
311 S Center Ave Rm 219  
Jefferson WI 53549  
[www.jeffersoncountywi.gov](http://www.jeffersoncountywi.gov)

TEL: 414/615-2587  
FAX: 920/674-7435  
TDD: 800/947-3529  
email: [childsupport@jeffersoncountywi.gov](mailto:childsupport@jeffersoncountywi.gov)

Dear Participant:

Your child support case in Jefferson County is a NON IV-D case which means that your case is not receiving case management services from the Child Support Agency. Any request for the below listed activities will not be performed until the processing fee has been received from **ONE** of the case parties **OR** an **\*** application has been received from one of the case parties.

Process Income Withholding Orders .....	\$35.00 per request
To Perform an Account Reconciliation (Affidavit or Certification) ...	\$35.00 per year
Reconciliation of a Percentage Expressed Obligation .....	\$35.00 per year (By court order with Income provided)

**\*YOU MAY APPLY** For case management services (also known as IV-D services) by filling out the ENCLOSED APPLICATION. (There is NO FEE to apply for IV-D services)

**OR**

**PAY THE \$35 PROCESSING FEE** Payment can be in person or by mail in the form of cash, money order, or certified bank check. Payments must be payable to **Jefferson County Child Support Agency** (**PERSONAL CHECKS WILL NOT BE ACCEPTED**). Please direct your questions to (414) 615-2587.

Participants can pay the processing fee by using a Credit Card or Debt Card in person at the agency, or online through GovPayNet on our website at [www.jeffersoncountywi.gov](http://www.jeffersoncountywi.gov). A service fee of \$1.75 will be added when paying the \$35 processing with a Credit Card or Debit Card.

JEFFERSON COUNTY CHILD SUPPORT AGENCY  
1-414-615-2587

If you complete the  
Enclosed Application for child support services,  
**YOU DON'T NEED TO PAY THE \$35.00 FEE**  
to have the wage notice issued

Enclosure: (Application)  
Cc: Other Participant

**Detach and return with your PAYMENT UNLESS you choose to apply for child support services**

Name: \_\_\_\_\_  
(Please Print)

Court Case Number: \_\_\_\_\_ (and/or) Pin Number \_\_\_\_\_

Last 4 digits of your SSN: XXX-XX-\_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_ (**PERSONAL CHECKS WILL NOT BE ACCEPTED**)

**Please mail your payment and coupon to:**

Jefferson County Child Support Agency  
311 S Center Ave Room 219  
Jefferson, WI 53549