



APPLICATION FOR CHILD SUPPORT SERVICES

Jefferson County Child Support Agency

311 S. Center Ave, Rm 219
Jefferson WI 53549

TEL: 414-615-2587
FAX: 920-674-7435

www.jeffersoncountywi.gov/child

Email: childsupport@jeffersoncountywi.gov

The Jefferson County Child Support Agency has services available to:

- **Collect child support order through income withholding**, avoiding the \$35.00 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 **childsupport.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 Jefferson County Child Support Agency.

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 County 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 County 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.

Application for Child Support Services

Yes, I _____ request services from Jefferson County Child Support Agency.
(Please print your name clearly)

Court Case Number _____ Birth date: _____

Name & DOB of child(ren): _____

My address: _____
(Street) (City) (State) (Zip)

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

Telephone: Home _____ Work _____ Cell _____

Other Parent:

Full name: _____
First Middle Last Birth Date Telephone

Address: _____
(Street) (City) (State) (Zip)

Employer Name: _____
(Street) (City) (State) (Zip)

Signature: _____ Date: _____

Office use: KIDS Case No: _____