



Privacy Protection for Child Support Participants

Privacy protection prevents the release of information for those at risk of harm from domestic violence. If releasing your address, telephone number, employer or other location information would put you at risk, please fill out and return the form (on the back of this page) to the county child support agency handling your case.

If you believe you are at risk and you meet one of the protection reasons identified below, a privacy indicator will be entered into your computer records in KIDS, the statewide child support computer system. The indicator will be displayed on the child support worker's computer screen for all your child support cases. In most situations, it will also prohibit and prevent the release of your address and employer information. (The privacy protection won't stop or interrupt most child support enforcement or collection efforts. It doesn't affect your requirement to cooperate with the child support agency.)

You may qualify for privacy protection if you meet **any** of the following conditions:

- You or your child is covered by a protective order.
- You or your child have a history of domestic violence or are at risk of domestic violence.
- A child support agency has reason to believe that you or your child might be physically or emotionally harmed if information was released.
- You have been granted good cause for non-cooperation with child support by a Wisconsin Works (W-2) agency or another county social services agency.

You may request protection at any time. Fill out this form and return to your county child support agency. In case of an emergency, call your child support agency by telephone. Agency staff may ask you to verify the information provided on the form.

(over)

Request for Privacy Protection

(please print)

YOUR KIDS PIN _____ and Birth Date _____

or your Social Security Number * _____

Name of person completing this form _____

Address _____

Please list the person(s) whose whereabouts must be kept private. Include yourself and/or your children, as appropriate.

Name (First, Last)	KIDS Pin #	Birth Date	*Social Security #

Please list the full name and your relationship to the person **from whom** the information should be kept

Name _____ Relationship _____

Please check (✓) your reason for seeking protection:

I am covered by a protective order in _____ County.

Release of information about my child or me may result in physical or emotional harm to my child or me.

Please explain briefly _____

I have been granted good cause for non-cooperation with child support in _____ County

I understand that this request for privacy protection applies to use of my information by the Child Support Agency staff **only**, and is contingent upon approval of this application. I acknowledge that this application does not extend to the court. In order to obtain privacy protection for court purposes, I know that I must complete a separate form and have it approved.

Date _____ Signature _____

* Provision of your Social Security Number (SSN) is voluntary; not providing it could result in an information processing delay.



wisconsin department of
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DCF is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please call (608) 266-9909 or (800) 947-3529 TTY (Toll Free). For civil rights questions, call (608) 266-5335 or (866) 864-4585 TTY (Toll Free).