Rock County Child Support Agency
51 S. Main St., Floor 3R
Janesville, WI 53545

**APPLICATION FOR CHILD SUPPORT
SERVICES**

TEL: 608-757-5700
FAX: 608-757-5710
608-757-5773
http://www.co.rock.wi.us/childsupport

The Rock County Child Support Agency has services available to:
- **Collect a child support order through income withholding**.
- 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 Rock 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, section 71) orders.
- An agency attorney who appears at your hearing represents the State of Wisconsin. Applying for services does not create an attorney-client relationship with the child support agency attorneys.
- If you have a percentage–expressed child support order (ie: an order for 25% of gross income), and you apply for child support services, the agency will require you to ask the court to change your order to a fixed dollar amount before accepting the application.
- If the agency collects support arrears through tax 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.

I _____ request services from the Rock County Child Support Agency.
(Please print your first and last name clearly)

Court Case No.: _____ Birth Date: _____ SSN#: _____

Name & DOB of child(ren):_____

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

Phone #: _____ Employer: _____
(name/city)

Who carries health insurance on child(ren): Mom or Dad Employer Name:_____
(circle one)

Other Parent: _____ Birth Date:_____ SSN#: _____
(First)   (Middle)   (Last)

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

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

Signature:_____   Date:_____

Office Use Only: KIDS IVD No. _____