

## APPOINTMENT/ENFORCEMENT REQUEST FORM

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Please advise the clerk's office of any address changes.)

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***Please indicate what type of service you are requesting:***

- Arrears Calculation
- Modification of Child Support Amount
- Review of Case File because of Non-Payment
- Initial Appointment for Enforcement of an existing child support order
- Initial Appointment to Establish a child support order
- Initial Appointment to Establish a child support order if parties were never married
- Other \_\_\_\_\_

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***Please list the parties in your child support case:***

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Other: \_\_\_\_\_

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***Additional Information:***

Are you or your children receiving any type of state assistance? Yes or No (please circle)  
*TANF/Adult Medicaid/Hoosier Healthwise* (please circle all that you are receiving)

Individuals not receiving any type of state assistance must pay a \$25.00 fee for our services payable at the time of your initial appointment.

*Please be advised that your caseworker will promptly review your request and take whatever action is necessary for enforcement of your child support order. These enforcement actions include but are not limited to: delinquency letters, administrative hearings, wage withholding orders and/or filing of contempt charges. If a wage withholding order is issued on your case, please allow 4-6 weeks for payment. If you have not received any payments after six weeks, please contact our office for further review. If contempt charges are filed, the Court will schedule the hearing. The Court may not schedule your hearing for several months. Arrears calculations will be mailed in approximately 2-3 weeks. If you are requesting an initial appointment, a letter will be mailed to you. Please be advised that your appointment may not be scheduled for 6-8 weeks. Appointments are scheduled on a first come, first served basis.*

Our office is dedicated to the needs of your children and we will enforce your child support order to the best of our abilities. Please feel free to contact our office with any questions or concerns you may have.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ISETS CASE: \_\_\_\_\_ CAUSE NUMBER \_\_\_\_\_

CASE TYPE: \_\_\_\_\_ TANF \_\_\_\_\_ MANG \_\_\_\_\_ HHW \_\_\_\_\_ X-CASE

**CUSTODIAL PARENT**

\_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip  
Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_ RACE: \_\_\_\_\_  
BIRTHPLACE: \_\_\_\_\_

**NON-CUSTODIAL PARENT**

\_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip  
Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_ RACE: \_\_\_\_\_  
BIRTHPLACE: \_\_\_\_\_  
HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

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**CHILD/CHILDREN**

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1. \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
BIRTH CITY & STATE: \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
BIRTH CITY & STATE: \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
BIRTH CITY & STATE: \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
BIRTH CITY & STATE: \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
BIRTH CITY & STATE: \_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_  
DOB: \_\_\_\_\_  
SSN: \_\_\_\_\_  
BIRTH CITY & STATE: \_\_\_\_\_  
\_\_\_\_\_