

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.