



Mailing address: 88385 Pike Road - Bayfield, WI 54814
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PRIVACY PROTECTION FOR CHILD SUPPORT PARTICIPANTS

Privacy protection prevents the release of information for those at risk of harm from domestic violence. 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 are at risk of or have a history of domestic violence.
• A child support agency has reason to believe that you or your child may be physically or emotionally harmed if information were released.
• You have been granted good cause for noncooperation with child support by a your economic support agency or another county social services agency.

Privacy protection places a privacy indicator in KIDS, the State of WI child support system, to warn support agency workers to restrict access to your personal information. It does not affect your requirement to cooperate with the child support agency, nor does it stop or interrupt most child support enforcement or collection efforts.

If you believe that the release of your address, telephone number, employer or other location information would put you at risk, please complete this form and return it to the child support agency listed below. Agency staff may ask you to verify the information provided.

Request for Privacy Protection

(please print clearly)

Person requesting privacy protection \_\_\_\_\_

Address \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security number\* \_\_\_\_\_

Check your reason for seeking protection:

[ ] I am covered by a protective order in \_\_\_\_\_ County.

[ ] Release of information may result in physical or emotional harm to my child or me. Explain:

Three horizontal lines for explaining the reason for seeking protection.

[ ] I've been granted good cause for noncooperation with child support in \_\_\_\_\_ County.

Identify the name and your relationship to the person from whom the information should be kept:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Providing your Social Security number (SSN) is voluntary. Failure to provide your SSN may result in an information-processing delay.