



## Privacy Protection for Child Support Participants

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

If you believe yourself to be at risk and meet one of the protection reasons, 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. It will also prohibit and prevent the release of your address and employer information, in most situations. 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 has 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 may be physically or emotionally harmed if information were 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.

Requests for protection can be made at any time. Provide this completed form 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)

KIDS PIN \_\_\_\_\_ **and** Birthdate \_\_\_\_\_

**or** 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 \_\_\_\_\_ KIDS PIN \_\_\_\_\_ **and** Birthdate \_\_\_\_\_

**or** Social Security Number \* \_\_\_\_\_

Name \_\_\_\_\_ KIDS PIN \_\_\_\_\_ **and** Birthdate \_\_\_\_\_

**or** Social Security Number \* \_\_\_\_\_

Name \_\_\_\_\_ KIDS PIN \_\_\_\_\_ **and** Birthdate \_\_\_\_\_

**or** Social Security Number \* \_\_\_\_\_

Name \_\_\_\_\_ KIDS PIN \_\_\_\_\_ **and** Birthdate \_\_\_\_\_

**or** Social Security Number \* \_\_\_\_\_

Name \_\_\_\_\_ KIDS PIN \_\_\_\_\_ **and** Birthdate \_\_\_\_\_

**or** Social Security Number \* \_\_\_\_\_

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

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

\* The provision of your Social Security Number is voluntary. Failure to provide your Social Security Number may result in an information processing delay.

DWD 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 contact (608) 266-9909 or (800) 947-3529 WTRS (Toll Free)