Child Support (IVD)
15 N. Franklin
Suite 100
Valparaiso, IN 46383
Ph: 219-465-3405
Fx: 219-465-3689

Date _____ ISETS# _____

NON-CUSTODIAL (PERSON PAYING SUPPORT) DISPUTE FORM

Please check which action you want to dispute:

- ☐ **Tax Refund Seizure** ☐ **Arrears (back support)**
- ☐ **Liens**
- ☐ **Credit Bureau Notice**
- ☐ **License Suspension (driver, hunting, fishing, professional, etc)**
- ☐ **Bank Garnishments**
- ☐ **Passports**
- ☐ **Other**

Printed Name _____ SSN _____
First Last

Address _____
Street City State Zip

Telephone Email

Other Party's Name _____ SSN _____
First Last

Address _____
Street City State Zip

Telephone

Employer _____ Telephone _____

Address _____
Street City State Zip

Please state what action or information you are requesting. Please be as specific as possible.

Signature _____ *Signature*

Submit Cancel