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

Date _____ ISETS# _____

REPORT NON-PAYMENT OF CHILD SUPPORT OR REQUEST STATUS OF CASE

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 _____

Submit Cancel