



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

Date _____

ISETS# _____

OTHER REQUESTS

Printed Name _____	SSN _____	
First _____	Last _____	
Address _____	State _____	
Street _____	City _____	Zip _____
Telephone _____	Email _____	
Other Party's Name _____	SSN _____	
First _____	Last _____	
Address _____	State _____	
Street _____	City _____	Zip _____
Telephone _____		
Employer _____	Telephone _____	
Address _____	State _____	
Street _____	City _____	Zip _____
Please state what action or information you are requesting. Please be as specific as possible.		

Signature _____