Affidavit and Request for Nondisclosure of Identifying Information

Complete this affidavit **only** if you want your address and information about your location to be kept confidential and not released to a person (such as a parent of custodian) **who would otherwise be entitled to have information about your child support case.** CSSD will respond in writing with a decision about your request for confidentiality.

I, _____, swear under penalty of perjury that the following information is true to the best of my knowledge and belief:

Name of person I do not want information released to: _____

Person's relationship to me or the child: _____

CSSD case number: <CASEID>

Please check all that apply:

( ) 1. This person has committed domestic violence (threatened, harassed, physically or mentally abused, or committed sexual assault or incest) against me or my child.

( ) 2. A domestic restraining or violence protective order has been issued against the person.

( ) 3. The person has been charged with a crime (such as assault or harassment) or been involved in a criminal civil or criminal court case in which I was a party, a victim, a witness, or otherwise involved.

If you checked any of the above please explain what happened, when, where and who was involved. _____

_____

_____

_____

If you checked # 2 or 3, please indicate the Court location and case number: _____

If you did not check any of the boxes above, please explain why you feel threatened by this person. _____

_____

_____

If you need additional space for your answers, please use the back of this page.

_____ _____

Signature Date

SUBSCRIBED and SWORN to before me this _____ day of _____, 20 _____

_____

Notary Public for the State of _____

My commission expires _____

****

If you can't get to a notary, please sign before a witness, and have the witness complete the information below.

I acknowledge that I know the person who signed this form is the person he or she claims to be, and that I witnessed the signature above.

Signature of witness _____ Witness's Social Security# (optional) _____

Printed name of witness _____ Telephone number of witness _____

Mailing address of witness _____

CSSD main office mailing address: 550 W 7th Ave Suite 310 Anchorage AK 99501-6699