

Cabinet for Health and Family Services

Department for Income Support
Child Support Enforcement

AFFIDAVIT AND REQUEST FOR NONDISCLOSURE

If you feel that the health, safety and liberty of you or your child(ren) would be unreasonably put at risk by the release of your address or other identifying information, please complete this affidavit, sign in front of a notary and forward to the child support office handling your case.

IV-D#: _____

Custodial Parent: _____

Noncustodial Parent: _____

I, _____, state under penalty of perjury that the disclosure of my address or other information identifying my location could be harmful to child(ren) under this IV-D number or to me. I am requesting that my address or other identifying information or that of the child(ren) not be disclosed to the other party in the case referenced above. This request for nondisclosure of information will remain in effect until I notify Kentucky Child Support Enforcement, in writing that the at-risk situation is no longer valid. I understand my request for nondisclosure may be subject to judicial review.

Please check all that apply:

- 1. A domestic violence protective order or restraining order has been issued against the other party.
- 2. The other party 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.
- 3. Attached are medical records, police records, court reports, psychological reports, or other evidence demonstrating that an actual danger exists.
- 4. Other.

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

I understand that this information may be shared with the Division of Family Support and Division of Protection and Permanency. I also understand that I am not legally represented by a CHFS attorney, and I have been advised to consult my own attorney concerning my legal rights.

Signature

Date Signed

Street and Apt No.

City, State, Zip Code

(daytime telephone number or contact number)

Child Support Enforcement

Telephone: _____

Subscribed and Sworn to me

this day of _____

Notary _____
My Commission expires _____
<http://chfs.ky.gov/dis.cse.htm>

