

NON IV-D FAMILY VIOLENCE QUESTIONNAIRE

DCSS 0321 (06/07/06)

SECTION III – Please check the appropriate box below.

- Giving out my address or other information identifying my location could be harmful to me or the child(ren) in my care. I am requesting that my address or other identifying information not be given to the other parent or party in this case. (This request will stay in effect until I let the Department of Child Support Services know in writing that they may now give out my information, and the Department of Child Support Services tells me that they have received my request.) I understand that under federal law, an authorized person may give a written request to the court that has jurisdiction to make or enforce child support or visitation determinations, for release of my information. You will be notified in writing, if the court orders the release of any information on my case.
- The disclosure of my address or other information identifying my location is not harmful to me or the child(ren) in my care. I understand this information will be made available to the federal government, courts, child support agencies, and sometimes to the other parent or party of the child(ren).

Sign, date, and return the form to:

**Department of Child Support Services
FV Unit, MS-51
P.O. Box 419084
Rancho Cordova, CA 95741-9084**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINT NAME_____
SIGNATURE_____
DATE

If you have any questions or concerns regarding this notice, please call us at 1-866-349-7540.

PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3), §7 Note) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Department of Child Support Services and local child support agencies for the purpose of safeguarding information from disclosure in domestic and/or child abuse situations. The information you provide may be given to the federal government, and other public agencies to the extent required by law. Failure to provide this information will limit the DCSS' ability to safeguard your information.

The agency official responsible for maintenance of the form is: **DCSS Records Officer, PO Box 419064, MS-70, Rancho Cordova, CA 95741, fax number (916) 464-5064.** Legal references authorizing solicitation and maintenance of this personal information include Title 22 California Code of Regulations §§112110(h), 112300, 112301, and 112302, as well as Family Code §17212. Copies of this form are maintained in confidential files of the Department of Child Support Services or local child support agencies for 4 years and 4 month after the closure of your child support case. You have the right of access to this form upon request by **faxing (916)464-5064.**