

Clark County

Child Support Agency

Courthouse
517 Court St Room 504
Neillsville WI 54456
child.support@co.clark.wi.us

TEL: 715-743-5213
FAX: 715-743-5290
TDD: 800-947-3529
TEXT: 715-350-2292

Statement of Understanding

Please read the statements below, then sign and return this form to the address above.

I understand that a child support action will be started for my child, and that my cooperation with the child support agency is necessary. I understand that I must cooperate by:

- appearing promptly as directed for court and other appointments,
- informing the child support agency of any changes in my address and phone number, and
- answering all questions truthfully and as completely as possible.

If I am receiving public assistance and fail to cooperate, I understand that the child support agency will notify the economic support agency. I understand that unless I have established good cause for not cooperating, I and/or my family will be ineligible for public assistance

If I am not receiving public assistance and fail to cooperate, I understand that the child support agency will close my case and stop efforts to collect support for my child(ren).

I understand that the child support attorney who appears at a child support hearing represents the State of Wisconsin, not individual parents. Child support services provided by this attorney do not create an attorney-client relationship. I understand that the interests of the State of Wisconsin, the child(ren) for whom support is sought, and the parents are not necessarily the same and may be in conflict. In addition, I understand that any information received as a result of a child support investigation or proceeding may be used by the State of Wisconsin in related investigations or proceedings. I understand that the child support agency staff cannot become involved in disputes over child custody or physical placement (visitation) and cannot offer me legal advice. I understand that if I want legal advice, I should consult a private attorney.

I hereby acknowledge that I have read and understand this information.

Signature

Date

This agency is an equal-opportunity employer and service provider. If you have a disability and need information in an alternative format, or need it translated to another language, please contact us at the phone number or address listed at the top of this letter.