

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD SUPPORT ENFORCEMENT

Change of Payee Temporary Request

Custodial Parent's Name and Address

DCSE#:
Noncustodial Parent Name:

I, _____ the custodial parent of _____
_____ request that any and all child and/or child
and spousal support payments received on my behalf on or after _____ be
temporarily forwarded to:

Name:
Address:

The reason for this temporary change is:

I understand that this is a voluntary action and that the Division of Child Support Enforcement will transfer the payments back to me upon receipt of my written request to once again directly receive my child and/or child and spousal support payments. I understand that this redirection of payments is only temporary. The Division will re-evaluate the case in six months if no contact has been received from either the original payee or the temporary payee.

Name (Print)

DATE

Signature

Custodial Parent SSN

Sworn and subscribed to before me on _____

in the city/county of _____, state of _____.

My commission expires: _____

Notary Public