

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

Change of Payee Temporary Request

DCSE#:  
AP 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 as soon as possible upon receipt of my  
written request to once again directly receive my child and/or child and spousal support  
payments.

DATE

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Custodial Parent SSN

Sworn and subscribed to before me on \_\_\_\_\_

in the city/county of \_\_\_\_\_, state  
of \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public