

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

AFFIDAVIT/CERTIFICATION OF NONDISCLOSURE

If you feel you or your children would be-at risk of physical or emotional harm if your address or other identifying information is released, please complete this affidavit, sign in front of a notary and forward to the district office handling your case.

DCSE Case #: _____

Custodial Parent: _____

Noncustodial Parent: _____

I, _____, state that the disclosure of my address or other information identifying my location to the other party in the case referenced above could be harmful to me or my child(ren). Please do not release my address or other identifying information for this reason. This request for nondisclosure of information will remain in effect until I notify the Virginia Division of Child Support Enforcement (DCSE), in writing, that the at-risk situation no longer exists.

Signature

Date Signed

Address (Street)

(City, State, Zip Code)

(daytime telephone number or contact number)

Subscribed and Sworn to me on _____ in
the _____ of _____ in the
Commonwealth of Virginia.

My Commission expires _____

Notary

CERTIFICATION OF NONDISCLOSURE

Based on this sworn affidavit, the Director of the Virginia Division of Child Support Enforcement (DCSE) has reason to believe the health, safety or welfare of _____ and/or the child(ren) would be put at risk by the disclosure of identifying information. Therefore, pursuant to Virginia Code 63.2-1916, the address or other identifying information of _____ and/or the child(ren) shall not be disclosed in any documents. This includes any pleading or other document filed under the Uniform Interstate Family Support Act (UIFSA).

If you have questions, contact the authorized DCSE representative listed below.

| | |
|--------------------------------|-------|
| _____ | _____ |
| Authorized DCSE Representative | _____ |
| _____ | _____ |
| Telephone Number | _____ |
| _____ | |
| Date | |