



AFFIDAVIT OF NONDISCLOSURE

The Division of Child Support Enforcement does not routinely release your address to the other party on your child support case; however, the law requires that certain information appear on documents such as support orders or court petitions unless there is threat of physical or emotional harm to you. 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 Division via My Child Support at <https://mychildsupport.dss.virginia.gov/> or via mail to P.O. Box 550, Richmond VA 23218.

DATE _____ Division Case Number: _____
 Your Name _____ Other Parent Name _____

 Address Line 1

 Address Line 2

 City State Zip

Questions

1. Do you currently have or have you ever had a protective order in place against the other party?
 Yes No If yes, provide date(s), if known _____
2. Has the other party ever inflicted physical violence against you?
 Yes No If yes, provide date(s), if known _____
3. Has the other party ever threatened to commit an act of violence against you or an immediate family member?
 Yes No If yes, provide date(s), if known _____
4. Has the other party ever stalked you or an immediate family member?
 Yes No If yes, provide date(s), if known _____
5. Has the other party ever taken the child(ren) without permission and threatened to not return the child(ren)?
 Yes No If yes, provide date(s), if known _____
6. Has the other party ever harmed the child(ren) or threatened to harm the child(ren)?
 Yes No If yes, provide date(s), if known _____
7. Has the other party ever hurt or destroyed your pets or property in an act of violence against you or as a means of intimidation?
 Yes No If yes, provide date(s), if known _____
8. If there is any additional information you wish to provide, please do so here:

I, _____, state that 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 for a period of two years from the date this affidavit is signed and notarized. I understand that I will need to provide a new affidavit to the Division if I feel that the threat remains after the two year period. I also understand that if I feel the risk of harm is no longer a threat before the end of the two year period, I must request in writing to have this nondisclosure affidavit terminated.

 Signature Date Signed _____

 (Daytime phone number or contact number)

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

 My Commission expires _____ Notary Registration # _____

 Notary Signature