

La Crosse County

Child Support Agency

333 Vine St. Room 1701
La Crosse, WI 54601
www.lacrossecounty.org/childsupport

TEL: 414/615/2594
FAX: 608/785-5760
TDD: 608/785-9787

Dear Participant:

Your child support case in La Crosse County is a NON IV-D case which means that your case is not currently receiving case management services from the Child Support Agency. Your case is not receiving case management services because neither parent has filed an application for IV-D services with the Child Support Agency and the Human Services division has not referred a public assistance case for your child(ren).

Effective March 1, 2011, the following fees will be charged for the services listed below in NON IV-D cases.

Process Income Withholding Orders..... \$35.00 per request
Perform Account Reconciliation (including Affidavit or Certification of arrears) ...\$35.00 per request /\$200 Max per year
Payment History Print-out.....\$35.00 per request

TO AVOID THESE FEES, you may apply for case management services (also known as IV-D services). You can open an IV-D case with the La Crosse County Child Support Agency by signing and returning the enclosed application for IV-D services. (There is not a fee to apply for IV-D services) As part of the process to become an IV-D case, the Child Support Agency will convert any percentage expressed orders to a fixed-sum to ensure that federal and state requirements are met. In addition, IV-D cases are eligible for enforcement services such as interception of tax refunds; liens placed on assets; contempt proceedings in court including judicial enforcement up to and including incarceration for failure to pay child support; license suspension and bank account seizure.

OR, IF YOU DECIDE NOT TO APPLY FOR CHILD SUPPORT SERVICES, any request for the above listed activities will not be performed until the fee has been received from one of the case parties. Payment can be made by money order, certified bank check, or by cash. Payments must be payable to **La Crosse County Child Support Agency**. Please direct your questions to (414) 615-2594.

LA CROSSE COUNTY CHILD SUPPORT AGENCY
Cindy Stellpflug, Financial Specialist

Enclosure: (Application for Child Support Services)

cc: Other Participant

Detach and return with your payment

Name: _____

(Please Print)

Court Case Number: _____ (and/or) Pin Number _____

Last 4 digits of your SSN: XXX-XX- _____

Amount Enclosed: \$ _____ (PERSONAL CHECKS **WILL NOT BE ACCEPTED**)

Please mail your payment and coupon to:

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