

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

RE: Spousal or Section 71 Only Case Activities

Dear Participant:

You currently have or soon will have a Non IV-D spousal only support case in La Crosse County. Our Agency is allowed to provide limited services upon payment of the below listed fees.

Process Income Withholding Notices \$35.00 per request
Perform Account Reconciliation (Affidavit or Certification) \$35.00 per year /\$200 max annual

Please be aware that the agency will not provide account history print outs. You can obtain a payment history from WI-SCTF at their customer service number of (800) 991-5530. If you have access to the internet, you can request a logon key for the Child Support Online Service (CSOS) at the website listed below. You will be able to view your account electronically, print payment records, and update your address if necessary. Additionally, if you have retained legal counsel, you could have your attorney send out Income Withholding Notices.

Any request for the above listed activities will not be performed until the fee has been received by the agency from one of the case parties. Payment can be in person or by mail in the form of a money order, certified bank check, or by cash. Payments must be payable to: La Crosse County Child Support Agency, We are unable to accept credit or debit cards at this time. Please direct your questions to the Financial Specialist at (414) 615-2594.

The following are phone numbers and an internet address to assist you in obtaining information for your account:

TRUST FUND: 800-991-5530 DEBIT CARD: 866-253-3686
CHILD SUPPORT ON LINE SERVICE: <http://dcf.wisconsin.gov/bcs/payments/logon.htm>

LA CROSSE COUNTY CHILD SUPPORT AGENCY
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: \$ _____

Please mail your payment and coupon to:

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