NOR NOR	STATE OF RHODE ISLAND AND PROVIDEN DEPARTMENT OF HUMAN SER OFFICE OF CHILD SUPPORT SEI 77 DORRANCE STREET, PROVIDENCE (401) 458-4400 • <u>WWW.CSE.RLG</u>	VICES RVICES 5 RI 02903
CONSTITUENT INQUIRY FORM		
Name of caller:		
Address of the caller:	HOUSE #/STREET	
	CITY/STATE/ZIP	
Telephone number you c	an be reached at:	Home Phone Cell Phone
Email address:		
	rent (CP) OR non-custodial parent (NCP)?	<ul> <li>Custodial Parent</li> <li>Non-Custodial Parent</li> </ul>
Name of other party:		
Address of other party	HOUSE #/STREET	
	CITY/STATE/ZIP	
Case number:		
	vice customer of the Child Support agency? omplete an application which can be found at <u>ww</u> an assist you.	☐ YES ☐ NO <u>w.cse.ri.gov</u> before the child
	nother state, you must contact the child support a ency to provide services.	gency in that state since that is
please do so first l	e information you need on the 24/7 Voice Respons before the case will be referred by this office to th ons may be found on the phone system.	•
-	ed your child support representative by leaving a ft a message, please be advised it takes at least 72	-
•	o find out if a child support payment was made? I ng the voice response system at 458-4400 or on th	•
to anyone; enforce on the website at	equesting that enforcement action be taken on you ement is automatically taken on a case. This auto <u>www.cse.ri.gov</u> . For a list of enforcement action t enter your PIN and case number.	omated process is fully explained
issue. Please note the in	the above and have not received an answer to you nquiries will be responded to by the child suppor . As stated on the voice response system, it may ta	t agency directly in the order in

By signing this form, I hereby authorize the constituent affairs office to communicate with the child			
support agency about my case and to receive confidential information about my case if necessary to			
assist me. Completed forms can be sent to the Community Outreach Liasion at the OCSS. Save the			
form, and then attach it to an email. Send the email to Chalechia.Campinha@dhs.ri.gov .			
Signature	Date		