

STATE OF RHODE ISLAND DEPARTMENT OF HUMAN SERVICES OFFICE OF CHILD SUPPORT SERVICES

77 DORRANCE STREET, PROVIDENCE RI 02903 (401) 458-4400 • <u>HTTPS://.OCSS.RI.GOV</u>

CONSTITUENT INQUIRY FORM		
Name of caller:		
Address of the caller:		
HOUSE #/STREET		
CITY/STATE/ZIP		
Telephone number you can be reached at:	☐ Home Phone Cell Phone	
Email address:		
Are you the custodial parent (CP) OR non-custodial parent (NCP)?	☐ Custodial Parent☐ Non-Custodial Parent	
Name of other party:		
Address of other party		
HOUSE #/STREET		
CITY/STATE/ZIP		
Case number:		
 If not, you must complete an application which can be found at htt support agency can assist you. 2. If you reside in another state, you must contact the child support a the designated agency to provide services. 3. Did you access the information you need on the 24/7 Voice Responsible agency to great the case will be referred by this office to the approved to great the great agents agents. 	gency in that state since that is se System at 458-4400? If not,	
answers to questions may be found on the phone system.4. Have you contacted your child support representative by leaving a system? If you left a message, please be advised it takes at least 72		
5. Are you calling to find out if a child support payment was made? I payments by calling the voice response system at 458-4400 or on the	If so you can get a list of	
6. Are you calling requesting that enforcement action be taken on you to anyone; enforcement is automatically taken on a case. This auto on the website at https://ocss.ri.gov/ . For a list of enforcement actional 458-4400 and enter your PIN and case number.	omated process is fully explained	
If you have done all of the above and have not received an answer to you issue. Please note the inquiries will be responded to by the child suppor	- · · · · · · · · · · · · · · · · · · ·	
which they are received. As stated on the voice response system, it may ta		

support agency about my case and to reassist me. Completed forms can be sen	e the constituent affairs office to communicate with receive confidential information about my case if neon to the Community Outreach Liasion at the OCSS	cessary to
form, and then attach it to an email. S	Send the email to Chalechia.Campinha@dhs.ri.gov.	
Signature	Date	