

RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD SUPPORT SERVICES
77 DORRANCE STREET
PROVIDENCE, RI 02903-2288
(401) 458-4400 • [HTTPS:OCSS.RI.GOV](https://ocss.ri.gov)



CSE ID:

REFUSAL OF FULL SERVICES FORM

Dear

If you do not wish the full services of the Office of Child Support Services (OCSS), you must sign this form and, within ten (10) days of the date specified above, return it to:

**RHODE ISLAND DEPARTMENT OF HUMAN SERVICES
OFFICE OF CHILD SUPPORT SERVICES
77 DORRANCE STREET
PROVIDENCE, RI 02903**

If the Office of Child Support Services does not receive this form postmarked within the **10 (ten) day** timeframe, we will provide **Full Services** to you.

I, _____, do not wish to pursue child support in case
(print client name)

number: _____. Please pursue medical support only. I also certify that
(case #)

I am not receiving child care benefits from the State of Rhode Island.

Signed: _____

Dated: _____

CIDR#: