Mail Requests to:
The Monroe County Prosecutor
**Child Support Division**
120 W. Seventh Street
One City Centre, Suite 120
Bloomington In 47404

# REQUEST FOR ENFORCEMENT

**PLEASE READ AND COMPLETE THE FOLLOWING:**

WE WILL NO LONGER BE ABLE TO SPEAK WITH **WALK-IN** CLIENTS PERSONALLY. PLEASE FILL OUT THE FOLLOWING INFORMATION. A CASEWORKER WILL CONTACT YOU BY PHONE OR LETTER. YOU MAY ALSO CALL AND SPEAK WITH YOUR CASEWORKER ON THE DAY THEY ARE ASSIGNED TO THE CHILD SUPPORT LINE.

**IF YOU HAVE NEVER RECEIVED WELFARE OR MEDICAID BENEFITS OR PAID A FEE AND SIGNED UP THROUGH OUR OFFICE FOR ENFORCEMENT OF YOUR CASE, YOU NEED TO OBTAIN AN X-CASE APPLICATION. PLEASE ASK THE RECEPTIONIST FOR DETAILS.**

**CUSTODIAL PARENTS NAME:** _____
**ADDRESS:** _____
_____
**PHONE:** _____

**NON CUSTODIAL PARENTS NAME:** _____
**ADDRESS:** _____
_____
**PHONE:** _____
**EMPLOYER NAME:** _____
**EMPLOYER ADDRESS:** _____
_____

**WHAT IS THE NATURE OF YOUR REQUEST OR PROBLEM?**

_____
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**DATE**:_____

**SIGNED:**_____