

CREDIT REPORTING DISPUTE CLAIM

DCSS 0675 (01/21/2018)

Section I: Personal Information

| | | | |
|---|----------------------|--------------------|----------|
| First Name | Middle Name | Last Name | |
| Previous First Name | Previous Middle Name | Previous Last Name | |
| Physical Address (number and street) | City | State | Zip Code |
| Mailing Address (if different from above) | City | State | Zip Code |
| Home Phone Number | Cell Phone Number | Work Phone Number | |
| CSE Case Number | Date of Birth | | |

Section II: Employment Information

| | | | |
|--|----------|-------------------------|----------|
| Occupation | Employer | Employer's Phone Number | |
| Employer's Address (number and street) | City | State | Zip Code |

Employment Status
 Employed Unemployed Retired Disabled Other (please explain) _____

Section III: Reason for Dispute

For additional comments, use the back of this form or attach additional sheets.

Signature

Date

Please attach a copy of the credit report in question, containing the complete account number, plus any documents that support your claim. Return this form to your local child support agency for processing.