



NORTH COAST REGIONAL DEPARTMENT OF CHILD SUPPORT SERVICES

2420 Sixth Street
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P.O. Box 489
Weaverville, CA 96093
FAX (530) 623-1479

chat: <http://humboldt.gov/DCSS>



TOLL FREE (866) 901-3212

Date _____

Docket# _____

CSE # _____

Dear _____

Your client _____ is an active participant on a child support case in our office and we would like to be able to discuss and provide information directly regarding his/her child support case.

Are you currently representing this client? Yes No

Substitution of Attorney filed date: _____

Does DCSS have permission to communicate with your client regarding the child support case?

Yes No

Should service of documents be necessary, do you agree to accept service of those documents your clients behalf? Yes No

Please list any limitation you may have to these communications.

Date: _____

Signature: _____

Name: _____
(printed)

Title: _____