

**Request for Privacy Protection**  
(please print)

YOUR KIDS PIN \_\_\_\_\_ **and** Birth Date \_\_\_\_\_

**Or** your Social Security Number \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Address: \_\_\_\_\_

Please list the person(s) whose whereabouts must be kept private. Include yourself and/or children, as appropriate.

Name (First, Last)	KIDS Pin #	Birth Date	Social Security#

Please list the full name and your relationship to the person **from whom** the information should be kept.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please check your reason for seeking protection:

I am covered by a protective order in \_\_\_\_\_ County.

Release of information may result in physical or emotional harm to my child or me.

Please explain briefly:

I have been granted good cause for non-cooperation with child support.

I understand that this request for privacy protection applies to use of my information by the Child Support Agency staff only, and is contingent upon approval of this application. I acknowledge that this application does not extend to the court. In order to obtain privacy protection for court purposes, I know I must complete a separate form and have it approved.

Date: \_\_\_\_\_, Signature: \_\_\_\_\_