

Eastern Shoshone Child Support Program PO Box 1573 Fort Washakie, WY 82514

Office Phone Number: 307-335-8371

Family Violence Non-Disclosure Statement

Please print the following information Name of Custodian (Person receiving support)			
Last	First	Middle	Social Security Number*
Name of non-custodian parent (Person ordered to pay support)			
Last	First	Middle	Social Security Number*
Eastern Shoshone Child Su	pport Case Number	Court Case Number	
*Social Security numbers will only be used for child support purposes. Please complete the following information:			
l,	, State that:		
Type or print your name			
[] family violence IS a risk to me or my child(ren) from			
Name of potentially dangerous person [] family violence IS NOT an issue in my case.			
Required address (address of record) – a public address where you will accept legal and other official papers by regular mail, possibly your private attorney's address, if you have one. This address will be printed in legal or court documents and therefore, may be provided to the parent or party. If family violence is an issue, this address of record must be different from home address.			
Street or P.O. Box	City	State	Zip
I am claiming family violence is a risk in my case. Please use the following address as my confidential location address that will not be released or appear in court documents:			
Street or P.O. Box	City	State	Zip
I state under penalty of perjury under the laws of ESCSP that the foregoing is true and correct.			
Signature		Date	