CREDIT REPORTING DIRECT DISPUTE - CLAIM FORM

DCSS 0675 (04/15/11)

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.