STATE OF OREGON, Child S	upport Program, by the A	dministrator (ORS 25.010)
County:	Court #:	CSP #:
Other Jurisdiction (if any):	Case #:	
Participants:	, Obligor	
	, Obligee	
	, Other party (if ar	ny)
Children:		
	, Child Attending Sch	nool (if any)
	, Adult Child (if any)	

Contact Information Child Attending School

I am the parent ordered to pay support in this case. The address listed below may be released to my child so my child can meet the notice requirements of ORS 107.108.

I am a child attending school in this case. My contact information is below.

I am the parent or person receiving support in this case. My contact information is below.

Contact information

Date	Signature		Printed Name
Cell #:		Text? ☐ Yes ☐ No	Message #:
Home #:		Email:	
Address		City	State Zip

We will use your address to send you documents. It may also appear in legal papers given to the other party and in court records. If you do not want this address to be given to the other party or appear in court records, please call us.

Submit the completed form through your online account, or send by mail, email, or fax to:

Oregon Child Support Program PO Box 14680 Salem, OR 97309

Phone: **503-986-5137** Fax: 503-986-0543

Email: ChildSupportCAST@doj.oregon.gov

English	Need another language? Contact us.
French	Avez-vous besoin d'une autre langue? Communiquez avec nous.
German	Sie benötigen eine andere Sprache? Kontaktieren Sie uns.
Russian	Предпочитаете другой язык? Свяжитесь с нами.
Somali	Ma u baahan tahay luqad kale? Na la soo xiriir.
Spanish	¿Necesita otro idioma? Contáctenos.
Vietnamese	Quý vị có cần dùng ngôn ngữ khác không? Hãy liên lạc với chúng tôi.

The Oregon Child Support Program provides services for the State of Oregon. We cannot represent you or give you legal advice. You may contact your own lawyer at any time. Low-cost legal services may be available. For information, you may visit our website at *OregonChildSupport.gov*.