STATE OF OREGON, Child County:	Support Program, by Court #:	the Administrator (ORS 25.010) CSP #:	
Other Jurisdiction (if any):	Court #.	Case #:	
Participants:	, Obligor		
	, Obligee		
Children:	, Other party	/	
Offilaren.	المال المال المال	, colored (if any)	
	, Child Attendir , Adult Child (if	ng School (if any) any)	
F	Child Atte	ayments to Obligee nding School ^{107.108}	
State of OREGON			
County of			
I request the Oregon Child S	Support Program redire	ect my child support to	
I understand I may submit a	request to stop this re	direction at any time.	
Date		Signature	
SIGNED AND SWOF	RN to before me on	by	
		Notary Public for Oregon	
		My commission expires:	

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*.