

Verification of Services MDHS-CSE-617

Purpose

The child support staff uses this form to communicate the status of a custodial parent's case. This form is only to be completed and given to the custodial parent when verification of services has been requested. Any verification of services requested by a third party should be completed by the Mississippi Call Center. Once the request portion of this form is completed, it can be faxed to 662-746-4969 or emailed to mscseccallcenter@mdhs.ms.gov.

Case Information

Custodial Parent: Enter the custodial parent's name.

SSN (last four): Enter the last four digits of the custodial parent's SSN.

Noncustodial Parent(s): Enter the name of any noncustodial parent(s).

Address: Enter the custodial parent's current home address.

Home Phone Number: Enter the custodial parent's home phone number.

Cell Phone Number: Enter the custodial parent's cell phone number.

Email Address: Enter the custodial parent ' s email address.

I, _____, : The parent should enter his or her name.

Parent or Guardian Signature: The parent or guardian requesting the verification should sign his or her name.

Date: The date the parent or guardian signs the form should be entered.

Organization Information (if applicable)

I, _____, : Enter the name of the person who is completing the form on behalf of the requesting organization.

Authorized Representative Signature: The authorized representative should sign his or her name.

Date: The date the authorized representative of the requesting organization signs the form should be entered.

Email Address: Enter the requesting organization's email address to be used for receipt of the completed form.

Services Status

Enter the name of the county completing the verification.

Select one of the case statuses by entering an "X" on the line in front of it.

Child Support Enforcement Officer: The signature of the child support worker completing the form.

Date: Enter the date the form was completed.

Verification of Services

Custodial Parent: _____ SSN (last four) _____

Noncustodial Parent(s): _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

AND

I, _____, hereby request the Division of Child Support Enforcement to verify my case status and to release payment information along with the following verification.

Parent or Guardian Signature

Date

OR

I, _____, am an authorized representative of the organization which is requesting verification of the below information. The person for whom I am requesting this information has previously signed a form with our office which authorizes the release of below information for the purposes of determining eligibility for services provided by our organization. I have attached a copy of the authorization form to this document. I further acknowledge that I will provide an email address for receipt of this completed form.

Authorized Representative Signature

Date

Email Address: _____

Mississippi Division of Child Support Enforcement verifies:

_____ the custodial parent is cooperating with child support and is receiving payments (see attached).

_____ the custodial parent is not cooperating with child support and must schedule an appointment.

_____ the custodial parent is cooperating with child support but is not currently receiving payments.

_____ the custodial parent does not have a case in _____ county.

_____ the custodial parent has a case in _____ county.

_____ the social security number above is not known to the system.

_____ the custodial parent's child support case is closed.

_____ other: _____

Child Support Enforcement Representative

Date