

Title IV-D Request Form

Your Name: _____

Other Party Name: _____

Cause Number: _____

Current Phone Number (where you can be contacted by the court):

Current Address: _____

Current Employer: _____

Date of Next Hearing: _____

Do you pay or receive Child support: _____

Amount of Child Support currently ordered: _____

Email address: _____

Request to court: (Explain your request below)

To submit this request to the court, you must email this form to IVDCourt@co.delaware.in.us. You must call the court 2-3 days after submission to check on the status of the request at 765-747-7843. If you do not follow these steps, your request will not be considered.

COURT USE ONLY:

Date Granted: _____

Date Denied: _____