

Important Safety Information

For use by the noncustodial parent or a “child attending school”.

Attached is an **optional** form.

You only need to fill out a form if you have safety concerns.

“Safety concerns” means it may not be safe for the parent or other party to get documents that include your address or other personal information, or for the Division of Child Support (DCS) or the District Attorney (DA) to work your case.

When you have safety concerns

You can ask to keep your personal information protected (Claim of Risk) while the Child Support Program provides child and medical support services.

Your personal information is confidential when it’s in child support records. However, documents sent to the parent, other party, or filed in court will include your address and other personal information and could help someone find you. If you think you or the child could be harmed, DCS and the DA may be able to protect your personal information and other information that may be used to locate you or the child. You can ask that this information not be given because of safety concerns. This is called “Claim of Risk.” To make a Claim of Risk, complete the Claim of Risk form (DHS 8660B) and send it to your DCS or DA worker.

If you need an interpreter or information from a form or other notice translated into your language, you can get that service for free. You can also get information in an “alternate format” including Braille, large print and audio. To ask for these services, please contact a DCS or DA office.

These safety forms are a joint effort of the Department of Human Services and the Oregon Child Support Program.

CLAIM OF RISK

Program:	Branch:	Case number:	Worker ID:
Case name:			

The other parent or person on my paternity or support case is: _____
(print name of other parent or person)

My child or I could be harmed if any of my personal information is given to the parent or person named above. Personal information includes:

- My home or mailing address, or my e-mail address (other than my contact address)
- My or the child's Social Security number
- My telephone number
- My driver's license number
- My employer's name, address and telephone number
- My child care provider or other information about my or the child's location
- My school name, address and telephone number, if I am a "child attending school"

Do not give this information to the other parent or person.

I know that information not listed above may be given to the other parent or person in a legal proceeding. This includes information I provide about my income or situation. I also know that I must give a **contact address** that will be given to the other parent or person.

I know that my contact address:

- Will be given to the **other parent or person** during the legal proceeding;
- **Must** be in the same state where I live and is a place I must check often for legal papers;
- Will be used for all legal papers unless I have a lawyer;
- Is good unless and until I tell DCS or the DA that it is no longer needed or mail is returned from it;
- Can be updated at any time. I can fill out this form again or call DCS or the DA; and
- Is used **only** for legal papers. If I get cash help or child support checks, they will still go to my home or mailing address.

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Program:	Branch:	Case number:	Worker ID:
Case name:			

I know that:

- Before any new legal action, if my contact address is six months old or more, DCS or the DA will **try** to contact me to ask if I still want this address used.
- Whatever I use as my contact address will be on legal or other papers given to the other parent or person during a legal action.
- If mail cannot be delivered to my contact address, DCS or the DA will use my mailing or home address as my contact address.

My contact address is: _____
 (number/street; apartment or space number or PO Box)

 (city, state, and ZIP code)

 (signature) _____ (date)

 (printed name)

If you are a child attending school, the parent you don't want to have your information is:

Return this form to DCS or the DA.

DCS or DA use only

Finding of risk and order for nondisclosure of information

Based on OAR 137-055-1160 and the above statement, I find that disclosure of the above information would unreasonably put at risk the health, safety, or liberty of the claimant or child, and order that this information not be disclosed.

 (authorized representative) _____ (date)