

INCARCERATED PARENT'S REQUEST FOR FAMILY LAW ASSISTANCE

Send form through inter-office mail to:
 Department of Child Support Services
 Attn: Raquel Barreto
 420 May Ave.
 Santa Cruz, CA
 Telephone: 866.901.3212
 Confidential Fax Number: 831.454.3752

Name (of incarcerated parent) _____
 Sheriff #: _____ Social Security No. _____
 Date of Birth: _____ Driver's License No. _____
 Date of Incarceration: _____ Expected Release Date: _____

Current address:
 Rountree Facility, 100 Rountree Lane, Watsonville, CA 95076
 Women's Minimum Security Facility, 144 Blaine Street, Santa Cruz, CA 95060
 Water Street Jail, 259 Water Street, Santa Cruz, CA 95060

Permanent address (or place where you can receive mail):
 Street/P.O. Box: _____
 City/State: _____
 Zip Code: _____ Telephone No. _____

Child's Name	Date of Birth	Other Parent's Name	County Where Case is Filed

I am requesting help with the following:

- Modification of my child support obligation(s) to \$0 while I am incarcerated. I have no other income or assets to pay my child support.
- Enforcing the other parent's obligation to pay me child support upon release from incarceration.
- My child(ren) is in foster care/group home. Explain my reimbursement obligation.
- My driver's license or other license has been suspended for failure to pay child support.
- Establishing/modifying visitation/custody rights upon release from incarceration. *
- Other: _____

* Matters regarding custody or visitation will be referred to the Family Law Facilitator

Please give this form to a member of the jail staff. It will be submitted via inter-office mail or faxed to the Department of Child Support Services