



### CHANGE OF PAYEE TEMPORARY REQUEST

Date: \_\_\_\_\_ Division Case Number: \_\_\_\_\_

Custodial Parent (print first and last name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

I, \_\_\_\_\_ (print first and last name), the custodial parent of \_\_\_\_\_ (print child(ren)'s first and last name)

Request that any and all child and/or child and spousal support payments received on my behalf on or after \_\_\_\_\_ (date) be temporarily forwarded to:

Name (print first and last name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

The reason for this temporary change is:

I understand that this is a voluntary action and that the Division of Child Support Enforcement (DCSE) will transfer the payments back to me upon receipt of my written request to once again directly receive my child and/or child and spousal support payments. I understand that this redirection of payments is only temporary. The Division will re-evaluate the case in six months if no contact has been received from either the original payee or the temporary payee.

Name (print first and last name): \_\_\_\_\_

Signature: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn and subscribed to before me on \_\_\_\_\_ (date) in the city/county of \_\_\_\_\_, state of \_\_\_\_\_.

My commission expires: \_\_\_\_\_  
Notary Public

To obtain additional case and/or payment information, visit our customer service portal at <https://mychildsupport.dss.virginia.gov/>.