



CLINTON COUNTY CHILD SUPPORT ENFORCEMENT AGENCY

AUDIT REQUEST FORM

SETS Case No.: _____ Order No.: _____

Your Name: _____ Date of Birth: _____

Social Security No.: _____ Phone No.: _____

Your Address: _____

Other Party's Name: _____

Is this needed for a court hearing? Yes No Court Date: _____

Where should we mail the Audit?

Address listed above Other Party Your Attorney Other

Please list Name and Address (if different from above):

Why are you requesting an audit?

Please list any payments, charges, or time-frame(s) that the audit should address:

Your Signature: _____ Date: _____

- Notice:
- 1.) Not all audit request will be granted
 - 2.) Failure to state a specific reason for audit request may result in denial of your request.
 - 3.) Audits ordered by court will be honored and given priority.