



CLINTON COUNTY CHILD SUPPORT ENFORCEMENT AGENCY

RECOUPMENT REQUEST

** FUTURES MUST BE MORE THAN \$100.00**

SETS Case No.: _____ Order No.: _____

Your Name: _____ Date of Birth: _____

Social Security No.: _____ Phone No.: _____

Your Address: _____

Other Party's Name: _____

I, _____ request a recoupment account be created in the amount of \$_____. This amount represents the amount I have overpaid as referenced in my termination findings and recommendations or my court order.

- I acknowledge that there is no current active child support order and I have not filed any court action regarding the overpaid child support funds.
- I acknowledge it has not been more than six (6) months since the order terminated.

Signature

Date

AGENCY USE ONLY

NOTES: _____

Date Request Received: _____

Date JFS 07031 Submitted to PAAR: _____

Date JFS04090 Issued to Obligee: _____

CSEA Worker _____