



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



**Oklahoma Child Support Services
Termination of Attorney Address of Record Designation**

Please print the following identification information.

Name of custodian (Person receiving support)

| | | | |
|------|--------|-------|-------------------------------------|
| Last | Middle | First | Social Security number ¹ |
|------|--------|-------|-------------------------------------|

Name of noncustodial parent (Person ordered to pay support)

| | | | |
|--|--------|--|------------------------|
| Last | Middle | First | Social Security number |
| Oklahoma child support case number FGN: _____ | | District court case number _____ County _____ State _____ | |

Please complete the following information:

I, _____, state that family violence **IS NOT** a risk to me or my child(ren); or
 IS a risk to me or my child(ren).

The name of the potentially dangerous person is: _____

I, _____, hereby terminate the designation of my attorney's address as my address of record. I understand that payments will be made to me by direct deposit to my bank account or deposit on a debit card. The address below now serves as my address of record as required by the Oklahoma Statutes.

Required address (address of record) – a public address where you accept legal and other official papers by regular mail, possibly your private attorney's address, if you have one. This address is printed in legal and court documents and therefore, may be provided to the other parent or party. **If family violence is an issue, this address of record should differ from a home address.**

| | | | |
|--------------------|------|-------|-----|
| Street or P.O. Box | City | State | Zip |
|--------------------|------|-------|-----|

¹ Social Security numbers will only be used for child support purposes.

I am claiming family violence is a risk in my case. Please use the following address as my confidential location address that will not be released or appear in legal or court documents:

| | | | |
|--------------------|------|-------|-----|
| Street or P.O. Box | City | State | Zip |
|--------------------|------|-------|-----|

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Custodial Person's Signature

Date and place

Attorney's Signature

Date and place

Purpose of form

A custodial person may use Form 03EN030E, to terminate the designation of an attorney's address as his or her address of record. Both the custodial person and his or her attorney must sign this form.

Instructions

- Enter names and Social Security numbers of the custodial person and noncustodial parent.
- Enter the Oklahoma Child Support Services (OCSS) case number, also called the Family Group number (FGN).
- Enter district court case number and the county and state where it was entered.
- Type or print the name of person submitting the form.
- Check one of the boxes to indicate whether family violence is a risk in your case.
- If family violence is a risk in your case, enter name of potentially dangerous person.
- Enter address of record information, which is not the home or physical address (location). Include a street address or a post office box number with city, state, and zip code that may be released to authorized persons.
- Enter confidential address information if family violence is an issue in your case.

Routing

If you are completing this form at the local child support office, please complete the form and leave it at the local office. If you are not at the local office, **you must include a copy of an identification card that contains your photograph**. Make a copy of this form to keep for your records and fax it to (405) 522-8901 or mail the form to:

**OCSS, Central Case Registry, Attn: Address Disclosures
P. O. Box 248843
Oklahoma City, OK 73124-8843**

Questions? Telephone (918) 295-3500 in the Tulsa area; (405) 522-2273 in the Oklahoma City area; or 1- 800-522-2922 toll free. TTY (405) 522-3792 in the Oklahoma City area or 1-866-264-4767 toll free.