



LAC DU FLAMBEAU BAND OF LAKE SUPERIOR CHIPPEWA INDIANS

**Tribal Child
Support Agency**

P.O. Box 1198 ♦ Lac du Flambeau, WI 54538-1198

(715) 588-4236
FAX (715) 388-0577

RE: Request for Payment

Case Number _____

PAYMENT HISTORY REQUEST

I, _____, am requesting a financial statement of all Child Support payments made to me for the last _____ months.

Custodial Parent Information:

Non-Custodial Parent Information

Name:

Name

Address:

Address:

Phone:

Phone:

Child(ren) Name(s):

Date(s) of Birth

Date of Last Child Support Order: _____

Do understand that the Lac du Flambeau Tribal Child Support Agency has up to 5 business days before a statement will be sent to you. Payment History request are processed in the order received.