

## **IMPORTANT NOTICE ABOUT SAFEGUARDS ON YOUR CASE INFORMATION**

The Bureau of Child Support Services (BCSS) safeguards all personal information it collects and maintains in its hard copy files and computer records. State and federal law, however, may require BCSS to share your information with other authorized state and country agencies and courts for authorized purposes.

Example of Authorized Information Sharing:

If you receive Medicaid and then provide BCSS with information regarding private health insurance that covers you or your child(ren), BCSS may share the information with the Medicaid Third Party Liability (TPL) office. This allows TPL to bill your private health insurance provider for the cost of Medicaid benefits provided to you or your child(ren).

BCSS may share your information with Child Support agencies in other states and countries and courts (both in New Hampshire and in other states and countries). Some of the information that BCSS provides to the court may become available to the public.

If you feel sharing that information might place you and/or your child(ren) in danger of physical or emotional harm, BCSS can take additional steps to further safeguard your information. For example, if you have safety concerns due to domestic violence and still want BCSS to collect and enforce your child and medical support, BCSS can place a "Domestic Violence" indicator on your case record. This will prevent BCSS from releasing your personal information to authorized agencies in other states, unless a court orders the release of the information. In that instance, BCSS will inform the court that domestic violence is a concern so that the court can act appropriately to safeguard your address information.

If your court order requires the party ordered to pay child support (the Obligor) to provide health insurance coverage for your child(ren), BCSS may give your mailing address to his or her employer, if the employer requires your address to enroll you and your child(ren) in their health plan. BCSS cannot guarantee that the employer or health insurance provider will not give your address to the Obligor. For this reason, you may want to consider providing BCSS with an alternate mailing address (for example, a post office box, or a friend or relative's address where you can receive mail). BCSS can then provide this alternate address to the health insurance plan administrator of the Obligor's employer.

*NOTE: Please note that placing additional safeguards on your information may restrict BCSS' ability to locate the other party.*

**To request BCSS place a Domestic Violence indicator on your case, you must complete the form on the back of this notice and return it to BCSS. For more information, or if you have any questions, please contact the BCSS office managing your case.**

## DOMESTIC VIOLENCE INDICATOR REQUEST

I understand federal and state law require that the Bureau of Child Support Services (BCSS) share my personal information with courts and other authorized agencies. I also understand that my address and Social Security Number, as well as the Social Security Number(s) of my child(ren) who are associated with my child support case, may become available to persons other than BCSS personnel.

Please check the box that applies to your situation:

- I do not believe that I or my child(ren) would be in danger of physical or emotional harm by BCSS releasing case information to authorized state and country agencies and courts for authorized purposes.
- Domestic violence is an issue in my case. The release of certain case information, including my address, may result in physical or emotional harm to me or my child(ren). I therefore request that BCSS further safeguard my case information by placing a Domestic Violence indicator on my case record. I understand that placing additional safeguards on my case information may restrict BCSS' ability to locate the other party. I also understand that while BCSS will make every effort to safeguard my information, BCSS cannot guarantee that my personal information will remain safeguarded, even with the added protection of a Domestic Violence indicator.

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

**If you are requesting that BCSS place a "Domestic Violence" indicator on my case record, please provide the name, date of birth, and Social Security Number of each individual associated with your case in the spaces provided below:**

\_\_\_\_\_  
Your name (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Other Parent's Name (Please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Child(ren)'s Full Name(s):

Date(s) of Birth:

Social Security Number(s):

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Please print

\_\_\_\_\_  
Please print

Give the completed form to your Child Support worker, or mail the completed form to the Bureau of Child Support Services District Office managing your case.

For Department of Health and Human Services Use only	
Case ID: _____	
_____ Signature of person entering information into NECSES	_____ Date