

**CREDIT REPORTING DISPUTE CLAIM**

DCSS 0675 (01/21/2018)

**Section I: Personal Information**

First Name	Middle Name	Last Name	
Previous First Name	Previous Middle Name	Previous Last Name	
Physical Address (number and street)	City	State	Zip Code
Mailing Address (if different from above)	City	State	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	
CSE Case Number	Date of Birth		

**Section II: Employment Information**

Occupation	Employer	Employer's Phone Number	
Employer's Address (number and street)	City	State	Zip Code

Employment Status  
 Employed    Unemployed    Retired    Disabled    Other (please explain) \_\_\_\_\_

**Section III: Reason for Dispute**

*For additional comments, use the back of this form or attach additional sheets.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please attach a copy of the credit report in question, containing the complete account number, plus any documents that support your claim. Return this form to your local child support agency for processing.**