

# Anonymous Tip Submission Form

Please provide any information you have about someone for whom we are looking.

Please print this form and send it to: DCF-Office of Child Support, Locate Unit, 103 South Main Street, Waterbury, VT 05671-1901, fax it to: 802-244-1483, or call our Customer Support at 1-800-786-3214.

Thank you in advance for your cooperation.

## **Names and Identification**

Non-Custodial Parent Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Aliases and Nicknames: \_\_\_\_\_

Spouse Name(s): \_\_\_\_\_

Internet Name(s): \_\_\_\_\_

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

## **Residence**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## **Employment**

Company Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## **Other Information**

Other Information: (please add any other information that may help us)

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**Optional** - Do not fill out this part if you want to remain anonymous.

Your Name: \_\_\_\_\_

Your Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_