

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, 280 State Drive, Waterbury, VT 05671-1060, fax it to: 802-241-0523, 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)

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

Your Name: _____

Your Phone: (_____) _____ - _____

Your E-mail Address: _____