

Stanislaus County Department of Child Support Services
P. O. Box 4189
Modesto, CA 95352
Phone: (866) 901-3212
FAX: (209) 558-3135

Payment Records Designee Form

As authorized by Family Code Section 17212 (c) (3):

DCSS Case No. _____

I, _____, the obligee in DCSS case no. _____
(Print or type your name)

designate _____ as my designee to receive a
(Print or type name of designee)

copy of the obligor's payment history maintained by the Stanislaus County

Department of Child Support Services for the date commencing _____
(month/year)

through the date ending _____.
(month/year)

This designation is limited to the payment history listed above, and this

designation is terminated upon the designee's receipt of the above records.

Signed: _____

Date: _____

These records are to be delivered:

By: FAX # _____

To: Mailing Address:

SCDCSS EMPLOYEE

DATE