

Louisiana Department of Children and Family Services
Child Support Enforcement – Financial Section
P.O. Box 4815
Baton Rouge, LA 70821
(225) 219-7729

Date

Request for Identifying Payment Information

RE: Payment No. _____

Payment Type (CK, EFT, MO) _____

Payment amount _____

Payment Date _____

Dear _____ :

Child Support Enforcement (CSE) is in receipt of the above referenced payment. Unfortunately, we are unable to associate the payment received by the department with an existing child support case because **the documentation accompanying the payment does not contain enough identifying information.**

Please research this payment and contact our office at (225) 219-7729 to provide the following information:

1. Full name of the obligor and date of birth
2. LASES Case Identification Number or the obligor's SSN
3. Name of the other party on the case (if known) or child's name

If the above requested information is not received within thirty (30) days from the date of this letter, the payment will be refunded to you or your company. If this payment was received in error, you may contact us to request refund of the payment immediately.

Sincerely,

Child Support Enforcement
Department Representative