

**Louisiana Department of Children and Family Services**  
**Child Support Enforcement**  
**P. O. Box 4067**  
**Baton Rouge, LA 70804-4065**

\_\_\_\_\_  
Date

**Notice to Freeze, Encumber Assets and Request for Information**

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Obligor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
City/ State/ Zip Code

\_\_\_\_\_  
LASES No.

\_\_\_\_\_  
Account No.

Greetings:

By the authority of LA R.S. 46:236.15 D, the Department of Children and Family Services, Child Support Enforcement has the administrative authority to intercept, encumber and freeze assets up to the amount of past due support. In addition, the Department is requesting information on the above referenced individual based on the provisions in LA R.S. 46:236.1.1 through LA R.S. 46:236.1.10, which allows this agency to have access to the information. Information secured shall be used to carry out program functions authorized by law, and shall not be used for any other purpose.

According to our records, the obligor shown above owes past due support. You are hereby notified that the asset belonging to the obligor is to be frozen. You are not to release any portion of the asset until further notice from this Department. However, only the assets with an available balance of more than \$500 in the savings, money market, IRA/KEOGH, trust/escrow accounts, and checking accounts with a balance of more than \$2000 can be frozen. If the obligor currently receives Supplemental Security Income (SSI), SSI/SSDI (Social Security Disability Insurance), or SSI/SSR (Social Security Retirement) benefits, we cannot freeze or garnish these benefits.

After the asset has been frozen, a decision will be made regarding disposition of the asset and you will be advised accordingly. You will be notified of the decision to either seize or release the asset.

Please return this letter with the information requested, to the address shown above. If you have any questions concerning this matter, please contact this office.

Your cooperation is appreciated.

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Telephone No.

**Information Request**

Account Balance \$ \_\_\_\_\_

Indicate Account Ownership:

\_\_\_\_\_  
Obligor

☐ Primary

☐ Secondary

\_\_\_\_\_  
Other Name on Account

☐ Primary

☐ Secondary

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date