

**Louisiana Department of Children and Family Services
Child Support Enforcement Section**

Telephone

Date

Appointment Letter

LASES No.: _____

Child(ren): _____

Custodial Parent: _____

Dear _____ :

You have been named as the noncustodial parent of the above named child(ren). An appointment has been scheduled for you to meet with a Department Representative on _____ at _____ .

If you cannot appear at the time and date stated, you may arrange another appointment by calling our customer service unit at:

1-888-LAHELP-U toll free for customers outside of the Baton Rouge area;
225-922-8100 for callers within the Baton Rouge area;
225-922-8111 for TTY service for the hearing impaired.

Your failure to keep this appointment will result in your case being referred for legal action.

No-cost genetic testing may be available to you if paternity has not been previously determined for the child(ren) involved in this action.

When you come to this appointment, please bring this letter with you along with evidence of income (W-2 form, recent paycheck stubs, last year's tax return, etc.), your driver's license, and your social security card or number.

Sincerely,

Department Representative