

**Louisiana Department of Children and Family Services**  
**Child Support Enforcement Section**  
P. O. Box 260032  
Baton Rouge, LA 70826-0032  
1-877-7LADCFS (1-877-752-3237)

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Date

**Request for Identifying Document Information**

Re: Correspondence Received

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Sender's Name

Dear \_\_\_\_\_:

Unfortunately, we are unable to associate the document(s) received by the department with any existing record maintained by Child Support Enforcement Section.

If the document(s) were indeed intended for the child support enforcement program, please return the document(s) with the following identifying information:

1. Full Name and last four (4) digits of your SSN
2. Date of Birth
3. Child's Name and Date of Birth
4. Name of the other party to the case
5. LASES Case Identification Number, if applicable

Please mail your document(s) with the above information to the following address:

Child Support Enforcement (CSE)  
P.O. Box 260032  
Baton Rouge, LA 70826-0032

You may contact us at 1-877-7LADCFS (1-877-752-3237) if you have any questions.

Sincerely,

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Child Support Enforcement  
Department Representative