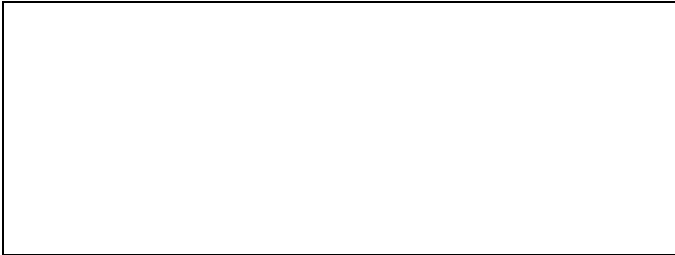


**Louisiana Department of Children and Family Services  
Child Support Enforcement Section**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date



NCP: \_\_\_\_\_  
LASES No. \_\_\_\_\_  
CP: \_\_\_\_\_

This is a billing statement for your child support case referenced above. This statement advises you of the support payments due and payable next month, including any hearing officer fees that you may be subject to pay. Any other fees such as DNA test fees are not included. The total arrears shown below are the arrears as of the above date. (Arrears amounts do not include hearing officer fees.) If any obligations have become due or if any payments have been made since this notice was printed, those amounts will not be reflected in this statement. According to our records, the last payment received on this case was \$ \_\_\_\_\_ on \_\_\_\_\_.

When submitting future payments, please make your cashier's check or money order payable to Department of Children and Family Services and enclose the attached payment coupons to ensure your payments are posted correctly. Mail payments to:

**Centralized Collection Unit  
P.O. Box 260222  
Baton Rouge, Louisiana 70826-0222**

Your CHILD SUPPORT obligation for \_\_\_\_\_ is \$ \_\_\_\_\_  
The CHILD SUPPORT arrears as of \_\_\_\_\_ are \$ \_\_\_\_\_

Your MEDICAL SUPPORT obligation for \_\_\_\_\_ is \$ \_\_\_\_\_  
The MEDICAL SUPPORT arrears as of \_\_\_\_\_ are \$ \_\_\_\_\_

Your SPOUSAL SUPPORT obligation for \_\_\_\_\_ is \$ \_\_\_\_\_  
The SPOUSAL SUPPORT arrears as of \_\_\_\_\_ are \$ \_\_\_\_\_

If you have questions, you may contact us @ 1-888-LA-HELPU.

PLEASE SEE ATTACHED PAYMENT COUPONS

**PAYMENT COUPON**

Make Money Order Payable to Department of  
Children and Family Services and Mail to:

Centralized Collection Unit  
P. O. Box 260222  
Baton Rouge, LA 70826

NCP Name \_\_\_\_\_

CP Name \_\_\_\_\_

LASES : \_\_\_\_\_

Office: \_\_\_\_\_ Caseload: \_\_\_\_\_

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