

Louisiana Department of Children and Family Services

CHILD SUPPORT ENFORCEMENT FEE COLLECTION FORM

Date:		Office No.:		Office:				
Deposit Slip No.:		Deposit Amount:		Amount Collected by Fee Type				
			Check/Cash Receipt No.	Application Fee	Parent Locate Only			
Payor	Payee	LASES NO./SSN						
Prepared by: _____			TOTAL AMOUNT COLLECTED					

Preparer's Direct Phone No.: _____