

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

Date

NCP Notice of New Debt and Rights and Responsibilities

Custodial Party: _____

Case ID No.: _____

Dear _____ :

You were ordered by the Court to pay support on the case listed above.

You must pay \$ _____ per _____ in child support. The child support arrears are \$ _____. You must pay \$ _____ per _____ in medical support. The medical support arrears are \$ _____. You must pay \$ _____ per _____ in spousal support. The spousal support arrears are \$ _____.

All payments should be made in the form of a cashier's check or money order made payable to the Department of Children and Family Services.

Please write your name, address, Case ID No., and social security number on your payment. This information is needed to correctly credit your account. All payments must be mailed to:

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

Either party to the child support order has the right to request a review of the child support order every three years to determine if it is consistent with the Louisiana child support award guidelines pursuant to Louisiana Revised Statutes 9:315.19.

Please notify us immediately of any changes in your address or employment.

To notify us of changes or if you have any questions, please contact us at:

1-888-LAHELP-U toll free for callers 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.