

NON IV-D AFFIDAVIT OF FACTS SUPPORTING CLAIM OF FAMILY VIOLENCE

DCSS 0416V1 (11/10/05)

Name of Custodial Party: _____

Name of Noncustodial Parent: _____

Name(s) of Child(ren): _____

I, _____ affirm that I know the person who is claiming family violence in a child support case and I have personal knowledge to support this claim(s). I wish to freely provide the following facts in support of the claim of family violence against the other parent or party.

Please provide as much information as possible, such as what happened, the person(s) involved, each person’s actions, the date(s), time, location(s), any injuries, any medical or other services sought, and the role you played, if any. When completing this affidavit, if an additional page(s) is needed, attach a sheet(s) which includes your printed name. You must also sign and date the additional sheet(s).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date _____	Place _____
Type or Print Name _____	Signature _____

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PRIVACY NOTICE

The Information Practices Act of 1997 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3), §7 Note) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Department of Child Support Services and local child support agencies for the purpose of safeguarding information from disclosure in domestic and/or child abuse situations. The information you provide may be given to the federal government, and other public agencies to the extent required by law. Failure to provide this information will limit the DCSS' ability to safeguard your information.

The agency official responsible for maintenance of the form is: **DCSS Records Officer, PO Box 419064, MS-70, Rancho Cordova, CA 95741, fax number (916) 464-5064**. Legal references authorizing solicitation and maintenance of this personal information include Title 22 California Code of Regulations §§112110(h), 112300, 112301, and 112302, as well as Family Code §17212. Copies of this form are maintained in confidential files of the Department of Child Support Services or local child support agencies for 4 years and 4 month after the closure of your child support case. You have the right of access to this form upon request by **faxing (916)464-5064**.

If you have any questions or concerns regarding this notice, please call us at [PHONE_CSSC].