

Confidential Information Declaration

Instructions

If you want to submit documents to the Judge for the hearing, you must complete this form and send it with your documents. All documents submitted may be seen by the other parent, party to the case and/or their representative.

State law protects some information in your child support case from being released to the other parent, party to the case, and/or their representative. Information about your location may not be shared unless you agree to it. This information is called “whereabouts information.” It includes the location of your residence, work and your or your child’s school. This is to help prevent the potential for stalking, domestic violence or physical safety risks in certain cases or situations. Documents might also contain other sensitive information that you do not want to share with the other parent, party to the case, and/or their representative.

Before filing any documents that have whereabouts or other sensitive information, you should remove or redact (black out) any information you do not want shared with the other parent, party to the case, and/or their representative. Some examples include:

- Personally Identifiable Information such as your social security number and bank account information.
- The name, address, email, phone, and fax number of any school, day care providers, medical provider, or employer.
- Your mailing address, and the physical address where you live (if different).
- Any medical conditions (physical or mental) of you or your child.
- Any reference to a state, city, or county that identifies your location.

OAH WILL NOT REDACT ANY INFORMATION FOR YOU.

Declaration

I agree to share with the other parent, party to the case, and/or their representative, OAH, and DCS all documents I file.

(check ONLY ONE):

_____ **My Documents ARE Redacted** – I redacted (blacked out) all the information I do not want the other parent, party to the case, and/or their representative to see. I understand these documents may be seen by the other parent, party to the case, and/or their representative with no additional redaction.

_____ **My Documents ARE NOT Redacted** – I did not redact (black out) any information. I understand these documents may be seen by the other parent, party to the case, and/or their representative exactly as they are with no redaction.

Printed Name of Party/Parent

Authorized representatives:

I affirm that the party I represent has given me authorization to submit these documents on their behalf with or without redactions.

Printed Name of Authorized Representative

FAILURE TO COMPLETE THIS FORM MAY RESULT IN YOUR DOCUMENTS BEING REJECTED BY OAH AND RETURNED TO YOU FOR FURTHER ACTION.