



## **DEL NORTE CHILD SUPPORT**

1225 Marshall St, Ste 18  
Crescent City, CA 95531

(866) 901-3212

Fax (707) 465-0126

[dcss@co.del-norte.ca.us](mailto:dcss@co.del-norte.ca.us)



**DATE:**

**Name:**

**Year of Birth:**

**Last 4 of SSN:**

**Please send me a Debt Reduction Program Application**

**Please send me information about how to release a hold on my Driver's License or other California issued license.**

**I need to modify the amount of child support I am supposed to be paying.**

**Address:**

**Address:**

**City, State:**

**Zip Code:**

**Phone Number:**

**Email Address:**

**I can receive documents to complete by DocuSign to this email address.**

**Please email your completed form to [DCSS@co.del-norte.ca.us](mailto:DCSS@co.del-norte.ca.us)**