



Cass County Friend of the Court

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REQUEST FOR SUPPORT PRINTOUT

YOUR NAME _____ CASE # _____

NAME OF OTHER PARTY _____

YOUR SOCIAL SECURITY NUMBER _____

ADDRESS _____

YOUR PHONE NUMBER: _____

PRINTOUT NEED FROM _____ TO _____

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Mail to Above Address
(Above address must be YOUR residence or mailing address)

Federal Regulations concerning confidentiality no longer allow us to provide reports by e-mail. Printouts will not be faxed. Please allow 3 business days, from the date of your request and payment of your copy fee (if applicable), to receive your printout. If a caseworker is available to process this request immediately, you will be instructed to wait in the lobby at the time of your visit.

If you are requesting a printout, and you have previously received a free printout for this time period, you will be charged \$1.00 per page and payment must be received before the printout will be provided.

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