

Office of Child Support Services Child Support Portal

CHILD SUPPORT PORTAL

PORTAL HOME FAQ CONTACT US

Required *

General Information

* FEIN * Organization Name

Organization Short Name (Enter abbreviation for your organization. Maximum 25 characters)

* Organization Type

- Employer - Select if you manage your own company's employee reporting.
- Third-Party Employer - Select if you are a payroll company or manage multiple employee reporting clients.

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Address Information

* Address Line 1 Address Line 2 Address Line 3

* City * State * ZIP Code ZIP Code Ext

* Is this the Payroll Income Withholding Order address?
 Yes No

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Business Contact Information

Enter business, technical, and alternate contact information. If you have multiple contacts for child support purposes, you can add their information on the Portal.

* First Name MI * Last Name

* Phone Number Extension