Dodge County Child Support Agency
210 W Center St Juneau WI 53039
920-386-4280 (Fax) 920-386-3906

***** CONFIDENTIAL*****

RE: _____ Case Number: _____

Please complete the following treatment information, which will assist our Agency in assessing this parent's ability to work and pay child support. Please fax this form back, thank you.

Date admitted into treatment/counseling: _____

Brief description of addiction(s): _____

Type of treatment: _____

Number of hours they are required to attend treatment: _____
Hours they attend:
Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____ Sat_____ Sun_____

When would they be available to work? _____

Are they cooperating with the treatment requirements? ☐ Yes ☐ No

Are they currently taking medications that could affect their ability to work? ☐ Yes ☐ No

Have they been incarcerated in the past 3 months? ☐ Yes ☐ No
If yes, list dates of incarceration: _____
Location of incarceration: _____

Date last seen: _____

Do you assist with their employment search? ☐ Yes ☐ No
Do you assist with housing issues? ☐ Yes ☐ No
Do you assist with transportation issues? ☐ Yes ☐ No

Are they currently employed? ☐ Yes ☐ No
If yes, name and address of employer: _____
_____
Are they working part-time or full-time: _____

Date form completed: _____
Signature: _____
Printed Name: _____
Name of Clinic or Treatment Program: _____