

BARTHOLOMEW COUNTY PROSECUTOR'S OFFICE
Child Support Enforcement Division
234 Washington Street
Columbus, IN 47201
Telephone: (812) 379-1674
Fax Number: (812) 379-1701

TAX OFFSET REVIEW

This form is how you may request a review of your federal and/or state tax refund offset. The purpose of this form is to enable us to answer your questions as to how the support delinquency was determined and/or to correct any errors in computation of the delinquency and the offset of your federal and/or state tax return. The tax refund offset is authorized by state and federal law, and is used without exception for any case involving child support arrearages. Please complete the appropriate questions and return this form to our office. We will respond to your review request as promptly as time permits. Please do not call this office for a status report regarding this review. Our goal is to respond as quickly as possible. If, however, you have not received a response from us within one month, we would appreciate your call.

GENERAL INFORMATION

NON-CUSTODIAL PARENT'S FULL NAME: _____

NON-CUSTODIAL PARENT'S SOCIAL SECURITY NUMBER: _____

NON-CUSTODIAL PARENT'S CURRENT MAILING ADDRESS: _____

NATURE OF COMPLAINT

- ___ Wrong payor (non-custodial parent is not the correct party)
- ___ Arrearage stated on notice is incorrect (please explain in space provided below)
- ___ Direct payments made to custodial parent (please provide proff – receipts, cancelled checks)
- ___ No support owed (please provide copy of court order terminating support obligation)
- ___ Arrearage paid in full (please provide proof)
- ___ Other (please give detailed explanation below)

REMARKS AND EXPLANATION

Date: _____

Non-custodial parent's signature: _____

