



Commonwealth of Massachusetts
Department of Transitional Assistance

Office _____

Address _____

Tel # _____

Fax # _____

TO: **DOR CHILD SUPPORT ENFORCEMENT**

Regional Counsel Name

DATE: _____

FAX #: _____

Regional Counsel's Fax Number

FROM: _____

DTA Staff Member's Name

RE: **COOPERATION WITH DOR**

This notice serves to inform you that the custodial parent indicated below has told us that he/she would like to cooperate with DOR's Child Support Enforcement Division.

Please contact this custodial parent as soon as possible.

Custodial Parent Name _____

SSN _____

Address _____

Telephone Number _____

Absent Parent Name _____

If this custodial parent complies with DOR's child support enforcement requirements, please immediately notify us in writing so that we can adjust his/her benefits accordingly. If you have any questions about this matter, please call me at the telephone number indicated above. Thank you.

Custodial Parent's Signature _____

Date _____

****CONFIDENTIALITY NOTE****

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