



County of Orleans
Child Support Enforcement Unit
14016 Route 31 West Albion, New York 14411-9365
1-888-208-4485 Fax (585) 589-3210 TTY 1-866-875-9975
VRS available @ http://www.fcc.gov/cgb/dro/trs_providers.html

THOMAS D. KURYLEA
Commissioner

JANET CHEVERIE
Coordinator

SECTION VIII STATEMENT REQUEST FORM

PERSON MAKING THE REQUEST: _____

PERSON/PEOPLE WHO ARE ORDERED TO PAY SUPPORT: _____

DATE OF APPOINTMENT: _____

TIME OF APPOINTMENT: _____

PLEASE STOP IN TO THE CHILD SUPPORT OFFICE BEFORE YOUR APPOINTMENT TO PICK UP THE REQUESTED STATEMENT(S).

In signing this form I am authorizing the Orleans County Support Enforcement Unit to release payment information concerning my child support/spousal support account to the Orleans County Section 8 program.

Signature: _____ Date: _____

**** THIS FORM CAN BE MAILED OR DROPPED OFF AT THE ORLEANS COUNTY CHILD SUPPORT UNIT ****

PLEASE BE ADVISED THAT IT MAY TAKE 7-10 BUSINESS DAYS FROM THE DATE OF YOUR REQUEST TO PROCESS YOUR STATEMENT.