Commonwealth of Virginia
Department of Social Services
Division of Child Support Enforcement

P.O. Box 550
Richmond VA 23218
http://www.dss.virginia.gov/family/dcse/
1-800-468-8894

AFFIDAVIT OF NONDISCLOSURE

The Division of Child Support Enforcement does not routinely release your address to the other party on your child support case; however, the law requires that certain information appear on documents such as support orders or court petitions unless there is threat of physical or emotional harm to you. If you feel you or your children would be at risk of physical or emotional harm if your address or other personal identifying information is released, please complete this affidavit and forward to the Division via My Child Support at https://mychildsupport.dss.virginia.gov/ or via mail to the Division at P.O. Box 550, Richmond VA 23218.

DATE _____   Division Case Number: _____

Your Name _____   Other Parent Name _____

_____
Address Line 1

_____
Address Line 2

_____
City   State Zip

Questions

1. Do you currently have or have you ever had a protective order in place against the other party?
   ☐ Yes   ☐ No

2. Has the other party ever inflicted physical violence against you?
   ☐ Yes   ☐ No

3. Has the other party ever threatened to commit an act of violence against you or an immediate family member?
   ☐ Yes   ☐ No

4. Has the other party ever stalked you or an immediate family member?
   ☐ Yes   ☐ No

5. Has the other party ever taken the child(ren) without permission and threatened to not return the child(ren)?
   ☐ Yes   ☐ No

6. Has the other party ever harmed the child(ren) or threatened to harm the child(ren)?
   ☐ Yes   ☐ No

7. Has the other party ever hurt or destroyed your pets or property in an act of violence against you or as a means of intimidation?
   ☐ Yes   ☐ No

8. If there is any additional information you wish to provide, please do so here:
   _____
   _____

I, _____, state that disclosure of my address or other information identifying my location to the other party in the case referenced above could be harmful to me or my child(ren). Please do not release my address or other personal identifying information for this reason. This request for nondisclosure of information will remain in effect until I feel the risk of harm is no longer a threat and I request this affidavit of nondisclosure be terminated. I state under penalty of perjury that the above is true and correct.

_____   _____
Signature   Executed on (Date Signed)

_____
(Daytime phone number or contact number