



## child support

### Purpose of this form

Use this form to advise the Australian Government Department of Human Services whether payment of an outstanding child support debt is likely to be made.

### Filling in this form

- Please use black or blue pen.
- Print in BLOCK LETTERS.
- Mark boxes like this  with a ✓ or ✗.
- Where you see a box like this  Go to 5 skip to the question number shown. You do not need to answer the questions in between.

### Returning your form

Check all required questions are answered and that the form is signed and dated.

You can return this form and any supporting documents:

- by fax – send us a fax to **1300 309 949**.
- by post – return your documents by sending them to:

**Department of Human Services**  
**Child Support**  
**GPO Box 9815**  
**MELBOURNE VIC 3001**

### For more information

Go to our website [humanservices.gov.au/childsupportbusiness](http://humanservices.gov.au/childsupportbusiness) or call us on **131 272**.

If you need a translation of any documents for our business, we can arrange this for you free of charge.

To speak to us in languages other than English, call **131 450**.

**Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

If you have a hearing or speech impairment, you can contact the **TTY service** on Freecall™ **1800 810 586**. A TTY phone is required to use this service.

**1** Your Child Support Reference Number

-  -  -

**2** Name of company in administration/liquidation

**3** Name of appointed administration/liquidation company

**4** Full name of authorised contact person

**5** Daytime phone number of authorised person

(  )

**6** Do you have the Department of Human Services listed as a priority creditor?

No  **IMPORTANT:** We must be listed as a priority creditor. The amount outstanding is a priority debt in accordance with section 50(2) of the *Child Support (Registration and Collection) Act 1988*, and has priority over all debts, whether preferential, secured or unsecured, other than amounts payable under former section 221HZD(3) of the *Income Tax Assessment Act 1936*.

▶ Go to next question

Yes  Go to next question

**7** Provide details of any sum likely to be paid to us

Payment in full expected  Go to 8

Partial payment expected  Go to 8

Unclear whether there will be payment  Go to 9

No payment likely  Go to 9

**8**

Amount	Payment date
\$	/ /
\$	/ /

- 9 Please provide any additional information you consider relevant to this advice


If you need more space, attach a separate sheet with details.

Statement

10 **IMPORTANT INFORMATION**

**Privacy and your personal information**  
Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

11 **I declare that:**

- the information I have provided in this form is complete and correct.
- I understand that:**
- I am legally responsible for the accuracy of the information I provide.
  - giving false or misleading information is a serious offence.


Your full name

Your signature



Date

**How to make a payment**




**Biller code: 201509**

Ref:

**Telephone & Internet Banking – BPAY®**

Contact your bank, credit union or building society to make this payment from your cheque or savings account. For more information: [bpay.com.au](http://bpay.com.au)

®Registered to BPAY Pty Ltd ABN 69 079 137 518




Transfer funds from your cheque or savings account to:

BSB: 092 009  
Account No: 116755  
Account Name: DHS Official Administered Receipts Child Support Account

EFT code:

**NOTE:** The 16 digit Payment Reference Number, which is the EFT code, must be entered correctly with no spaces.



Send your cheque or money order to:

**Department of Human Services  
Child Support  
GPO Box 9815  
MELBOURNE VIC 3001**

Please make cheques or money order payable to the Department of Human Services. Do not send cash and do not use pins or staples.

It is important that your 16 digit Payment Reference Number is written on the back of the cheque or money order to ensure the payment is allocated correctly.