

COUNTY OF FAIRFAX

CHILD SUPPORT DISCLOSURE FORM

Employee Name _____

Street Address _____

City _____ State _____ Zip Code _____

EIN (if known) _____

**VIRGINIA LAW REQUIRES INDIVIDUALS TO DISCLOSE INFORMATION ABOUT
SUPPORT OBLIGATIONS WHEN THEY ARE HIRED FOR EMPLOYMENT.
VA CODE §60.2-114.1 (1993)**

Please answer the following as required by law:

**Do you owe child support that your employer is
required to withhold from your income?**

YES

NO

If you answered "yes," you must attach a copy of each order to this form.

I declare the above is correct. I hereby authorize my employer to verify this information with the public agency responsible for child support enforcement. I understand that failure to disclose any child support orders to my employer is grounds for termination of employment from the County of Fairfax.

Employee Signature

Date